Special Committee
on Health and Social Services

. . .

FINAL REPORT

Northwest Territories Legislative Assembly

103-04191/

LETTER OF TRANSMITTAL

Talking & Working Together

November, 1993

Honourable Michael A. Ballantyne
Speaker
Legislative Assembly of the Northwest Territories

Sir:

On behalf of the current and former members of the Special Committee on Health and Social Services I am pleased to present our final report entitled *Talking and Working Together.*

We would like to thank the many hundreds of young people, men and women who helped make this report possible. Our goal was to talk with and listen to as many people as possible during the course of our review.

We are grateful to the people in every region who attended more than 200 workshops, meetings and public events.

Special thanks are owed the dedicated frontline workers who provide our health and social services under often challenging and stressful conditions.

Finally, this report is dedicated to the residents of the Northwest Territories. We have heard their concerns and hopes on these important issues. We have tried to incorporate what we learned into our findings. And we strongly urge our colleagues in the Legislative Assembly and the members of Cabinet to act upon the recommendations that have emerged from this process.

Charles Dent

Charles Dent, M.L.A.
Yellowknife Frame Lake

Talking & Working Together

COMMITTEE MEMBERS

Charles Dent, M.L.A.
Yellowknife Frame Lake
Chairman

Fred Koe, M.L.A.
Inuvik
Deputy Chairman

Jeannie Marie-Jewell, M.L.A.
Thebacha

John Ningark, M.L.A.
Natilikmiot

Dennis Patterson, M.L.A.
Iqaluit

Alternate Members
Ludy Pudluk, M.L.A.
High Arctic

Tony Whitford, M.L.A.
Yellowknife South

Committee Clerk
David M. Hamilton

Committee Co-ordinator
Mark Nicoll

TABLE OF CONTENTS

Executive Summary v

Introduction 1

Changing Times 3

Talking and Working Together 5

The Delivery of Health and Social Services

- What We Heard 7
- What We Recommend 21

Elders

- What We Heard 29
- What We Recommend 32

Children and Youth

- What We Heard 35
- What We Recommend 41

People With Addictions

- What We Heard 45
- What We Recommend 47

Summary of Specific Recommendations 49

Recommendations from Interim Reports 52

Terms of Reference 54

Community Consultations 55

Public Meetings 60

EXECUTIVE SUMMARY

The current delivery of health and social services in the Northwest Territories is not nearly as effective as it should be.

The system does not adequately reflect the needs and cultural diversity of our communities. Frontline workers who provide these programs are overworked, inadequately supported and unable to spend time working to prevent problems rather than treating them. Residents of the North expect this government to act quickly to address the problems and concerns they told us about. As a major part of this action, they want to see more local control in planning and delivery of these programs which are so important in shaping their quality of life.

These are the findings of the most extensive study of health and social services ever undertaken in the Northwest Territories. This review was conducted by the Special Committee on Health and Social Services, established by the Legislative Assembly in November of 1991 in response to public concerns in this area.

The Scope of Our Review

While the Special Committee was authorized to examine "all matters" dealing with health and social services, we focused our review on several key issues and groups. We examined the way in which these services are delivered. We considered how certain factors beyond the medical definition of "health" affect our quality of life. These factors include housing, lifestyle, the economy and the environment. We also reviewed a number of matters of concern to particular groups: elders; children and youth; and people with addictions.

Talking and Working Together

We believe that the best way to determine the effectiveness of our health and social services is to talk directly with the people who receive and deliver those programs. We decided to do just that through an open and extensive dialogue with the public and with frontline workers across the Northwest Territories. As part of that process we visited at least one community in each constituency. Meetings and workshops were held with more than 200 organizations. Public meetings were convened in 20 communities where we received more than 250 presentations. An opinion survey of 280 frontline workers was conducted. Four Interim Reports were submitted to the Legislative Assembly. As well, a public information program was conducted to inform and involve people in our review.

Our Recommendations

Based on these and other activities, we developed a number of recommendations for reform. We have put forward proposals that are realistic, and affordable. In some cases, additional resources will be required. However, we are confident that this will result in long term savings.

Our goal was not to make the system larger or smaller but to make it work better.

Our numbered recommendations outline specific actions we believe the government should take as quickly as possible, where results can generally be measured in a period of time. The recommendations in the narrative section provide a road map to guide the process of setting policy and procedures over the longer term.

The Delivery of Health and Social Services: What We Heard and What We Recommend

It is impossible to fully examine either health or social services without considering both. As a result, we do not try to maintain an artificial distinction between the two.

In this area the concerns expressed by the people we talked with may be grouped under four general headings:

1. General feelings about the system:

In general, we heard that many people feel detached and distant from their own health and social services. They have little sense of ownership or involvement in the system. It is seen as slow, complex, confusing and unresponsive to the needs of the community. As a result, many people told us that the current system does not meet their requirements.

This poor general impression stems in part from the belief that the system and its frontline workers do not fully reflect the culture, traditions and healing practices of our communities. We even heard of people who are afraid to seek assistance because the system does not make sense to them.

Another general problem identified during our dialogue was the lack of cooperation and coordination between government departments. A number of departments are involved in planning and providing our health and social services. They do not seem to talk to one another as often as they should. Too often we heard that information is kept within a department instead of being shared with appropriate personnel in other agencies who might be able to help in finding solutions for clients and their families.

Finally, people were concerned that the conventional approach to public education programs was not working. We heard over and over again that more discussion was required on a range of issues that affect our quality of life.

2. Local control and community care:

People told us that one way to address a number of their general concerns would be to increase local control over the planning and delivery of health and social services in their own communities. The current system is viewed as insensitive to unique local conditions, resources and requirements. We heard that greater local authority in these areas could result in better programs and in an improved quality of life.

An independent review we conducted into the effects of local control over these services seems to reach the same conclusion. This review concludes that the benefits of local control include greater sensitivity to community needs, the involvement of people in shaping their own solutions, less reliance on outside agencies, increased effectiveness and greater public awareness of these issues.

We heard that the system should also shift its focus from institutional care towards community-based, and especially home-based, programs and services. People believe that this shift should also place less emphasis on the treatment of problems and more on the prevention of such problems in the first place.

3. Specific administrative concerns:

We heard a number of concerns about specific aspects of our health and social services. For example, people frequently shared their concern about the lack of mental health services available across the NWT. Others were very worried about testing, treatment and public education about cancer. Some people told us they wanted a better system of medical transportation. Some people felt strongly that the confidentiality of their health and social service records must be maintained.

People we spoke with believe that those who commit abuse should not be treated better than their victims. There is a clear perception that victims are often placed at a disadvantage through no fault of their own. They usually have to leave the home, face a delay in qualifying for future housing and cope with delays inherent in the justice system. Quite simply, people want offenders to suffer more of the consequences of their actions. At the same time, they want victims to be helped to stay in their own homes and to rebuild their lives in their own communities.

We also heard a number of concerns about the workings of the social assistance program and the inadequacy of current income support benefits. We were told that these payments do not reflect the high cost of living in the North or the fact that these costs vary greatly between communities.

4. Frontline workers

Health and social service frontline workers are generally respected as a valuable resource in most communities. It is also clear that they are being asked to do too much with too few resources. Most workers who participated in our survey of frontline workers identified this lack of resources as the greatest problem they face in performing their jobs. Survey participants identified a lack of appropriate training as the second greatest problem they face. As a result of heavy case loads, changes in cultural surroundings, a lack of support from local residents, and staff "burn out", our system suffers from high staff turnover.

We believe that a number of steps can and must be taken to improve the delivery of health and social services in the Northwest Territories. Our proposals deal with such matters as the development of local initiatives, more use of telecommunications in providing effective services, and provision of training in such areas as cultural sensitivity.

Elders

Elders share many of the views about health and social services that were raised by other groups during our review. But they also have a number of concerns that are unique to them and which deserve attention.

Most people view their respected elders as a valuable resource. They have much to offer our communities in the form of wisdom, instruction and counselling. But we heard that this great resource is not being used effectively in many communities. The problem seems to lie in finding the right opportunities for such involvement.

People support the idea of finding a greater role for respected elders in assisting local initiatives in dealing with alcohol, drugs and justice. They could also be involved in counselling troubled individuals and teaching traditional skills to young people through various land-based projects.

There is strong support for more local and home-based health and social services for elders. There is a need for respite care services for those who care for elders and for elders who care for others.

Overcrowding may play a role in a problem we heard about in a number of communities: the abuse of our elders, often in their own

homes. This abuse may take different forms: physical, emotional or financial.

Finances in general are clearly a concern to many elders. We were told that efforts to earn extra money can help to increase self-esteem and provide an incentive to work. But the system seems to take part of that feeling away by deducting some of this income from the next month's income support payment. We heard that current income support benefits are inadequate to meet elders' needs. These needs can be greater than provided for under the social assistance program, since elders may be supporting not only themselves but their extended families as well. This problem also exists in cases where elders care for custom adopted children. In both cases, no extra income support is available to help them meet these added costs.

Home heating is also a major concern for elders. We heard that many elders do not understand why the fuel subsidy program may not meet all of their energy needs.

Our recommendations address these and other concerns raised by and on behalf of elders. We offer a number of proposals dealing with their role in the community, locally-based care and greater financial independence.

Children and Youth:
What We Heard and What We Recommend

More than half our residents are under 18 years of age. Any review of health and social services must take into account the particular issues facing these important members of our community.

few things disturbed us as much as what we heard about the extent and consequences of child sexual abuse in the Northwest Territories. People want greater recognition, prevention and community treatment in this area.

Many of these abused and other children can find little safety or support in their own homes. We heard requests for facilities in which children can seek emergency shelter and pursue safe recreational activity.

Foster homes are another form of shelter which was raised during our consultations. People told us that there is already a lack of foster homes in general and Aboriginal foster homes in particular. We heard that the criteria for selecting these homes may be so narrow that they eliminate a number of otherwise qualified homes. At the same time, we heard that the rules governing the homes themselves may not be sufficient. foster parents receive little or no information about the children they take into their homes. Parents also receive little in the way of ongoing monitoring, training or support.

INTRODUCTION

"Let us just not talk anymore but let us see some action taken."
Baker Lake public meeting

The Special Committee on Health and Social Services was established by the Legislative Assembly in November, 1991. This step was taken in response to public concerns over the delivery of health and social services across the Northwest Territories.

We were instructed to conduct a complete review of these matters and to submit our recommendations to the Legislative Assembly. We were asked to examine whether the current system is working, to identify possible improvements and to suggest how these services should be delivered.

Many of the issues involving the delivery of both health and social services are closely related. It is difficult to review one area without considering the other. It is also clear that our quality of life is shaped by a number of other factors beyond the narrow medical definition of "health". These factors include lifestyle, nutrition, housing, the economy and the environment. Our review considered how these matters affect our health and social services.

In addition, we examined issues of particular importance to several key groups in our society. These groups include elders, children and youth, and people with addictions.

We told the people of the Northwest Territories that we would take an open minded approach to these matters. At the same time, we explained that our objective was a system of health and social services that reflects six key principles.

Our system of health and social services must:

- meet the needs of the peoples of the North,
- be available to those who need assistance,
- be affordable,
- be relevant to the culture and healing traditions of our communities,
- encourage community involvement in developing and providing local programs, and
- take a lead role in a strategy to promote wellness by removing the threat of violence and abuse from people's lives.

These are the principles that guided our review during a time of great change to health and social services throughout North America.

"A state of optimal physical, mental and social well being, and not merely the absence of disease and infirmity."

The World Health Organization definition of health

CHANGING TIMES

Health and social services are being studied and reformed by governments in Canada and elsewhere. People are questioning the role of these services, how they should be provided and how they should be paid for.

A number of provinces have introduced extensive cost reduction programs in this area during the past year. These steps have been taken in order to bring public spending more in line with the financial limitations facing governments at all levels.

These measures include the re-negotiation of agreements between governments and doctors, budget cutbacks, the closing of hospitals and the full-scale review of provincial health care and social welfare systems.

These and other actions are relevant to the study of our own health and social services. They reflect a number of general trends which cannot be ignored and which are already having an impact within the Northwest Territories.

"Every province, without exception, in Canada has gone through exactly this kind of soul searching and discussion."

Jane Fulton, Ph. D.

The control of health and social service costs

"Put the money where the long term effect is going to be the most useful."
Yellowknife public meeting

Governments everywhere are trying to live more within their means. Health and social services are among the most expensive areas of government activity. The cost of providing these programs in the NWT is also increasing. This is caused by such factors as increased demands on the system by northerners plus the cost of operating medical facilities, social assistance, transportation systems and high technology equipment.

A changing population

"The population will be increasing in the smaller communities."
Repulse Bay public meeting

In general, people are living longer and are placing more demands on health and social services. The population of the NWT is no different. It is growing in size. It is getting younger, with about half of our residents under the age of 18 years. At the same time, people are trying to cope with a number of relatively recent health problems such as cancer, AIDS, diabetes, tooth decay and the effects of tobacco.

"If we do not take the time and energy now to look at the prevention of future problems as the population expands, we will have a population of problems."

Fort McPherson public meeting

Prevention instead of treatment

It is widely accepted that promoting physical and mental wellness and preventing disease are cost effective approaches. This is reflected in the healthy public policy and healthy cities projects underway across Canada. Across the NWT, people are recognizing this trend and seeking to incorporate prevention into many health and social programs.

Community care

"It is very difficult to leave your family."
Baker Lake public meeting

Governments everywhere are looking for ways to reduce the use of costly and often distant hospital and other treatment facilities. In the NWT, people are looking to community and home-based programs as one way of providing more effective, flexible, and less expensive care.

Local decision making

"We have to start realizing that we need to take control of our lives."
Fort Providence public meeting

People across Canada are requesting greater local involvement in the planning and delivery of health and social service programs. Residents of the Northwest Territories are no different. They want to make a distant and bureaucratic system more responsive to local needs. Here, as elsewhere, the future lies in developing new partnerships between individuals, communities and governments. When people achieve a greater role in shaping these partnerships, they will be in a position to develop more community-based solutions.

TALKING AND WORKING TOGETHER

"MLAs are travelling to the communities to listen to the people."

Deline public meeting

The best way to determine the effectiveness of our health and social services is to talk with the people who deliver and receive those programs. We decided to do this through an open and extensive consultation with the public and with frontline workers across the Northwest Territories.

The following steps were taken as part of that process:

1. Visits to at least one community in every constituency,
2. Meetings and workshops involving more than 200 organizations,
3. Public meetings in 20 communities involving more than 250 presentations,
4. An opinion survey of 280 frontline workers,
5. A review of community controlled health and social services,
6. Research into the experiences of other jurisdictions,
7. Submission of four Interim Reports to the Legislative Assembly, and
8. A public information program to inform and involve people in our review.

These activities were designed to encourage as much discussion and information sharing as possible. Our approach to community visits reflected this commitment. We made sure we were able to spend as much time as possible in each community.

Our community visits often lasted two and even three days. We would split up into smaller groups so that we could meet with anyone who wanted to express their views. We tried to hear as many points of view as we could.

We received an overwhelming response. People were pleased that they were being consulted. They appreciated being made to feel a part of the process. They participated in our activities in great numbers. Workshops and public meetings were extremely well attended in every region.

What we heard was both encouraging and disturbing. The people we met still have faith that their government has the ability to address the issues they raised with us. This faith is not endless. People across the North clearly expect the government to act on the results of our review. But they expressed skepticism about whether such action can or will be taken.

We have tried to develop recommendations that are realistic, achievable and affordable. The GNWT, like governments everywhere, must live within its means when it comes to providing health and social services. At the same time, we did not feel the need to recommend dramatic reductions to the services that are presently available. We hope the government will act on our recommendations to improve efficiency, reduce duplication, and make service reductions unnecessary. At the same time, some of our recommendations will require increased resources, but will result in cost savings in the long term. Our goal is not to make the system larger or smaller, but to make it work better.

This report outlines how we think this can be done. Separate chapters are provided for each of the following subjects:

- The delivery of our health and social services,
- Elders,
- Children and youth, and
- People with addictions.

Under each heading we have summarized What We Heard in our hundreds of discussions, workshops and public meetings. We then outline What We Recommend to address the issues identified by the people in each of these areas.

Our numbered recommendations outline specific actions we believe the government should take as quickly as possible, where results can generally be measured in a reasonable period of time. The recommendations in the narrative section provide a road map to guide the process of setting policy and procedures over the longer term.

At the end of this report we have included those recommendations from our interim reports which have already been adopted by the Assembly. We will hold the government accountable for timely action on these as well.

Throughout our travels, we came upon individuals and organizations that had made a difference in their communities. We were encouraged by the initiative and commitment of the people involved. We have profiled some of these groups and have highlighted them in appropriate sections throughout the report. We hope that these stories inspire others who may be looking for ways to address particular situations and issues in their communities.

The theme of our work and of this report is Talking and Working Together. We have spent more than a year talking with the people of the Northwest Territories. It is now time to begin working together to address their concerns.

THE DELIVERY OF HEALTH AND SOCIAL SERVICES

What We Heard

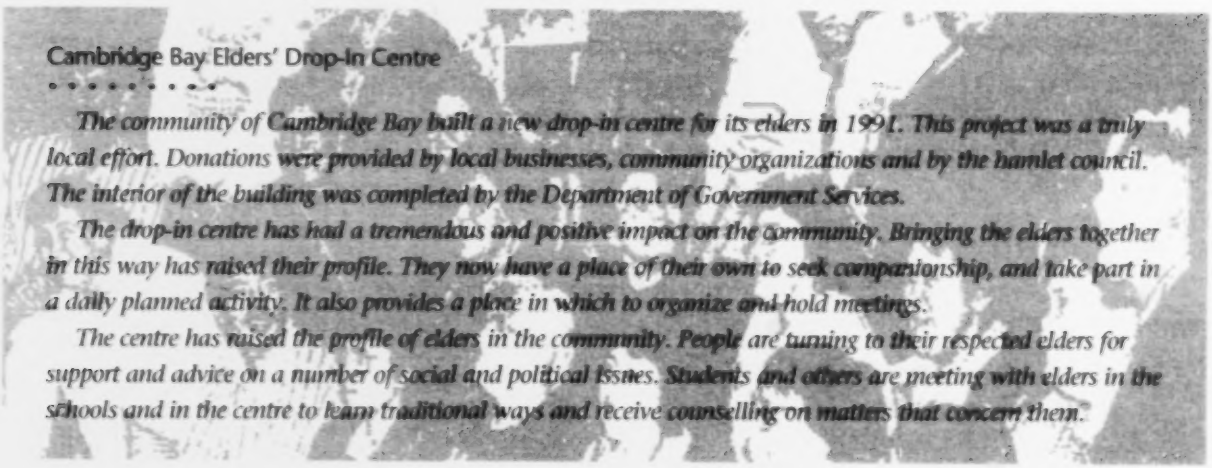
We were instructed by the Legislative Assembly to examine "all matters" relating to health and social services in the Northwest Territories. One of the matters we examined was the delivery of these services. We wanted to know what people think about the programs themselves, the way in which they are organized and the frontline workers who provide them.

We have examined all of the information generated during our review of these questions. As mentioned previously, it is impossible to fully examine either health or social services without considering the other. As a result, we have not tried to maintain an artificial separation between these two areas. We have organized the opinions and concerns we heard about the overall organization and delivery of these services under a number of headings. Here is What We Heard:

1. Many people feel the system is not meeting their needs

"The system is not working."
Rankin Inlet public meeting

People told us that they do not think the present system of health and social services is working. They feel they have little control or ownership over the shaping of policies and the delivery of programs. The decision making process is viewed as slow, distant and unresponsive. As a result, many people feel that it does not meet their requirements.



Cambridge Bay Elders' Drop-In Centre

The community of Cambridge Bay built a new drop-in centre for its elders in 1991. This project was a truly local effort. Donations were provided by local businesses, community organizations and by the hamlet council. The interior of the building was completed by the Department of Government Services.

The drop-in centre has had a tremendous and positive impact on the community. Bringing the elders together in this way has raised their profile. They now have a place of their own to seek companionship, and take part in a daily planned activity. It also provides a place in which to organize and hold meetings.

The centre has raised the profile of elders in the community. People are turning to their respected elders for support and advice on a number of social and political issues. Students and others are meeting with elders in the schools and in the centre to learn traditional ways and receive counselling on matters that concern them.

THE DELIVERY OF HEALTH AND SOCIAL SERVICES

We were instructed by the Legislative Assembly to examine "all matters" relating to health and social services in the Northwest Territories. One of the matters we examined was the delivery of these services. We wanted to know what people think about the programs themselves, the way in which they are organized and the frontline workers who provide them.

We have examined all of the information generated during our review of these questions. As mentioned previously, it is impossible to fully examine either health or social services without considering the other. As a result, we have not tried to maintain an artificial separation between these two areas. We have organized the opinions and concerns we heard about the overall organization and delivery of these services under a number of headings. Here is What We Heard:

"The system is not working."
Rankin Inlet public meeting

People told us that they do not think the present system of health and social services is working. They feel they have little control or ownership over the shaping of policies and the delivery of programs. The decision making process is viewed as slow, distant and unresponsive. As a result, many people feel that it does not meet their requirements.

Cambridge Bay Elders' Drop-In Centre

The community of Cambridge Bay built a new drop-in centre for its elders in 1991. This project was a truly local effort. Donations were provided by local businesses, community organizations and by the hamlet council. The interior of the building was completed by the Department of Government Services.

The drop-in centre has had a tremendous and positive impact on the community. Bringing the elders together in this way has raised their profile. They now have a place of their own to seek companionship, and take part in a daily planned activity. It also provides a place in which to organize and hold meetings.

The centre has raised the profile of elders in the community. People are turning to their respected elders for support and advice on a number of social and political issues. Students and others are meeting with elders in the schools and in the centre to learn traditional ways and receive counselling on matters that concern them.

"We as a community can take on more responsibilities . . . and take care of our own people."

Resolute public meeting

"They only help people who are well off."
Baker Lake public meeting

A number of people also find the system too complex and sophisticated for them to understand. They do not know who to contact or how to find the proper programs. We heard the perception that you have to already know your way around the system, have money or know the right people before you can receive the services you require.

2. People want greater control over the system

People told us that governments cannot solve all our health and social problems simply by spending more money, providing more buildings or buying new equipment. Individuals, organizations and area representatives want to play a greater role in shaping their own quality of life. They believe they can provide more effective and relevant service through locally controlled policies and programs. They want to see a shift to a system in which greater control rests at the community level.

Our survey of community controlled health and social services clearly indicates that greater local authority can produce a number of positive benefits. These include greater sensitivity to local needs, the involvement of people in shaping their own solutions, less reliance on outside agencies for assistance, increased efficiency and effectiveness, increased public awareness of local problems and more sources of information.

While many people want greater local control over health and social services, there are differences of opinion as to whether frontline workers should come from inside or outside the community. Some people think that local workers have a better understanding of the area and the needs of its residents. Others feel that some communities may simply be too small for a local resident to effectively provide health and social service programs. These people believe that it would be difficult to cope with making difficult decisions affecting relatives and friends.

People expressed concern about whether the confidentiality of patient or client information would be maintained if local residents serve as frontline workers. We heard that these workers might be subjected to pressure or be shunned by the community because of decisions made in their professional role.

3. There must be greater cooperation between government departments

"Inform the bureaucrats that it is time to work together, not one hand against the other."
Cambridge Bay public meeting

We heard that health and social matters are closely related. People want this fact to be reflected in the prevention and treatment of these

problems by appropriate government departments and agencies. Too often we heard that information is kept within a department instead of being shared between appropriate agencies. Frontline workers in one department are often unaware of services being provided the same client by workers in other departments.

People identified a number of departments which directly or indirectly shape their quality of life. They include Health, Social Services, Economic Development and Tourism, Education, Justice, Municipal and Community Affairs, including the field of sport and recreation, and Renewable Resources. Yet we heard that many residents of the North have not been informed of the responsibilities that each department has over various health and social service issues.

People want to see better cooperation and communication between these departments. We heard examples of people being shunted from one department to another as they sought information or assistance. Public servants would not or could not agree on how to accept or divide responsibility. As a result, people did not receive the care they required, were passed back and forth between departments or were in danger of "falling through the cracks" of the system.

We also heard stories of duplication, waste and inefficiency as a result of the lack of coordination between government departments. For example, people spoke of having to deal with several officials from different departments on the same matter. We also heard of situations where money was available for medical travel only to find that no hospital beds were open once the patient got there.

On the other hand, we were told of money being available for alcohol and drug treatment programs but no travel money being provided to help people get to where those programs are offered.

Experiences like these merely increase the frustration that people feel about a system they already believe is out of touch with their needs. This is particularly true of our justice system. People do not understand how the courts work, the stages involved in bringing an action to trial or the length of time involved. This makes life very difficult for the families and communities of those charged with an offense and who are awaiting trial.

4. Government must focus more on prevention

People told us that our quality of life is shaped by more than medical treatments and definitions. It is also determined by social and other factors we might not normally associate with "health" in a clinical sense. These factors include our housing conditions, lifestyle choices, recreational activity, economic status, education and public health

"When I look at the healing process I look at prevention."

Deline public meeting

information. As a result, people want these factors considered as policies and programs are developed.

Many people we spoke with believe that government should show greater initiative in improving our quality of life. They want policies that focus more on preventing problems than on treating them. Public health education is seen as playing an important role in this process. People want regional health boards to spend more time on health promotion activities that might reduce the number of patients they have to treat.

5. Local control should lead to better programs

"The hospital walls have now extended into the homes of the community."

Yellowknife public meeting

Like people in other parts of Canada, residents of the NWT want to increase the number of health and social service programs that can be delivered in their own communities.

Increasing the number of home care programs in particular is seen as a very positive step. These services are viewed as more responsive, independent, effective, cost efficient and familiar than institutional treatment.

The results of the study we commissioned on the benefits of community control over health and social services in northern and Aboriginal communities point to a similar conclusion.

The survey identified a number of benefits associated with programs developed and implemented in local settings.

These benefits include an increased level of service, more services than might have been available before, greater recruitment of Aboriginal frontline workers, community involvement in the design of policies and greater local acceptance of those programs.

At the same time, people told us that the current focus of community-based programs should be changed as well. We heard that these services should concentrate on the family and the community as much as on the individual. There is a sense that "when one of us suffers, we all do." Problems like illness, addiction, violence and other forms of abuse can affect more people than the immediate patient, client, victim or offender. Policies and programs must recognize that family members and other people in the community have just as much need of healing and attention throughout and after the treatment process.

6. Our system must better reflect the culture of our communities

"Some of us are afraid of the doctors."

Broughton Island public meeting

Many people told us that our health and social services do not reflect their culture, traditions and healing practices. We heard a number of Aboriginal residents in particular say that they are even afraid to seek

medical care because the system seems so unfamiliar to them. This seeming lack of sensitivity on the part of our own government is totally unacceptable.

Our system must be relevant to the people it is supposed to serve if it is to have any credibility and serve any meaningful purpose.

We heard of at least three ways in which the cultural sensitivity of our health and social services can be increased.

First, frontline workers from outside the community should receive formal cross-cultural training before taking up their duties. This could ease the process of adjustment that workers and local residents experience as they become acquainted with one another. It could help workers gain the trust and confidence of local residents. It could give workers a better understanding of the traditions and practices that are important to the community. It may also lead these workers to serve longer in their positions within the same community. This could result in a more personal and positive relationship with local residents.

"The re-emergence of a holistic approach to health goes to the roots of all of us, is part of our culture and should be promoted."

Fort Smith public meeting

Second, our health and social services should include more traditional healing practices. It is an important aspect of treatment for many people. For example, a healing circle was offered to frontline workers attending a recent conference in Hay River. The circle was so popular that a second one had to be added. Workers attending the conference from two Inuit communities were so impressed that they started healing circles in their communities when they returned home.

"The caregiver must have developed his or her cultural awareness."

Yellowknife public meeting

Yellowknife Affirmative Action Group

When the Department of Government Services adopted a policy to incorporate the formation of a support group for aboriginal employees into its Affirmative Action Plan, a group of dedicated and willing employees saw an opportunity for both professional and personal development.

At first, group meetings were a place to discuss concerns and to develop new ways of approaching and resolving day-to-day problems through the establishment of a positive network. The focus of the group has changed over time towards employee enhancement rather than strictly support. Some issues that are being dealt with include developing self-sufficiency, acquiring new skills through training, and providing input on other job-related issues within the government.

Meetings are conducted in a positive and confidential manner and take place every two months. Presently there are 39 participants in the group. As a result of inquiries from aboriginal employees in other departments it is likely that the group will be expanding in the near future.

medical care because the system seems so unfamiliar to them. This seeming lack of sensitivity on the part of our own government is totally unacceptable.

Our system must be relevant to the people it is supposed to serve if it is to have any credibility and serve any meaningful purpose.

We heard of at least three ways in which the cultural sensitivity of our health and social services can be increased.

First, frontline workers from outside the community should receive formal cross-cultural training before taking up their duties. This could ease the process of adjustment that workers and local residents experience as they become acquainted with one another. It could help workers gain the trust and confidence of local residents. It could give workers a better understanding of the traditions and practices that are important to the community. It may also lead these workers to serve longer in their positions within the same community. This could result in a more personal and positive relationship with local residents.

"The caregiver must have developed his or her cultural awareness."

Yellowknife public meeting

"The re-emergence of a holistic approach to health goes to the roots of all of us, is part of our culture and should be promoted."
Fort Smith public meeting

Second, our health and social services should include more traditional healing practices. It is an important aspect of treatment for many people. For example, a healing circle was offered to frontline workers attending a recent conference in Hay River. The circle was so popular that a second one had to be added. Workers attending the conference from two Inuit communities were so impressed that they started healing circles in their communities when they returned home.

Yellowknife Affirmative Action Group

When the Department of Government Services adopted a policy to incorporate the formation of a support group for aboriginal employees into its Affirmative Action Plan, a group of dedicated and willing employees saw an opportunity for both professional and personal development.

At first, group meetings were a place to discuss concerns and to develop new ways of approaching and resolving day-to-day problems through the establishment of a positive network. The focus of the group has changed over time towards employee enhancement rather than strictly support. Some issues that are being dealt with incude developing self-sufficiency, acquiring new skills through training, and providing input on aboriginal-related issues within the government.

Meetings are conducted in a positive and confidential manner and take place every two months. Presently there are 39 participants in the group. As a result of inquiries from aboriginal employees in other departments it is likely that the group will be expanding in the near future.

Traditional healers report that they are swamped with requests for their help from communities across the North.

"We need local people with the real training."
Iqaluit public meeting

Finally, people support a program designed to increase the number of northern and especially Aboriginal frontline workers, government officials and students in health and social services. At the same time, we were told that this goal should not be pursued at the expense of the skills, quality and standards of care people expect of these services.

This can be achieved in part by developing career paths for northern personnel. Candidates could first be recruited into entry level positions. They could then be provided with the training, support and continuing education that would allow them to advance their careers.

"They are overworked, underpaid and they need to deal with their own problems."

Inuvik public meeting

We heard many positive comments about the majority of our frontline workers. Most of these men and women are seen as able, professional and dedicated to their work. They are clearly viewed as a tremendous resource in most communities. And a number of these workers have developed very strong ties to the people they serve.

Our survey of 280 frontline workers revealed that 73 percent of them have lived in the North for 20 years or more. They have lived in their communities an average of 19 years. A typical worker has at least five years of frontline experience and has been in the current position for about three years.

From information provided by the public and frontline workers it is clear that the people who deliver our health and social services face a number of tremendous challenges in doing their job. Here are just some of them:

First, they are asked to do too much with too few resources. Most of their time has to be spent dealing with immediate crises or balancing the range of services they must provide. As a result, they have little or no time to conduct follow-up and prevention work. Most frontline workers we surveyed said that this lack of resources was the greatest problem they face in performing their jobs.

Second, there is concern over the kind of training they receive. We heard that better training might reduce the need for visits to the communities by various specialists. Frontline workers themselves identified the issue of training as the second greatest professional problem they face. They are concerned that a number of formal job descriptions may not reflect the actual needs of the community.

Third, people are concerned by the high rate of turnover among doctors, nurses, dentists and specialists serving their communities. This degree of change makes it difficult to establish effective health professional-patient relationships. Quite simply, people want to see more of the same health care personnel. At the same time, we heard that these workers would consider staying longer if they received greater support from local residents.

Fourth, workers experience "burn out". This is caused by heavy case loads, changes in cultural surroundings, stress, low compensation, the lack of other workers in the community with whom to share information and the accumulated burden of their responsibilities.

Finally, some people told us they didn't like the daily clinic hours of their community health centres. We heard that health workers receive fewer requests for appointments during the morning hours. Patients seem to prefer evening visits, when most centres are closed. People told us that clinic hours should better reflect the needs of the community.

"If you have to go and see a doctor three times in one week, it would be three different doctors because they are already gone."

Fort Smith public meeting

8. The confidentiality of information should be respected

"As soon as we talk about our personal problems, it goes back out in the street."
Rae-Edzo public meeting

The confidential nature of patient and client information is one of the most important features of any health and social service system. We heard concerns both about the inappropriate sharing of information between frontline workers and community members as well as the lack of communication between government departments.

People are concerned about the possibility that information about themselves might be revealed to members of the community. This concern is explained in part by the fact that local workers may be close friends or even relatives of the patient. People want to be assured that any sharing of confidential information will be limited to professional staff and not made available to the community.

On the other hand, people feel that more sharing of information is required between government departments in order to better serve the needs of clients. Present confidentiality procedures require client consent for the disclosure of information. There is support for encouraging workers to obtain consent for the disclosure of information so that this problem may be remedied.

"They always leave just a short time after they come to the community."
Baker Lake public meeting

We heard that our system's reliance on specialists may not always provide the best level of service to the communities. Part of the problem is that the need for these services is seen to reflect a lack of support and resources available to frontline workers. People told us that these workers should be able to involve other local resources, such as respected elders, in providing some of the services currently provided by specialists.

People mentioned a number of concerns about specialists. Communities may not have enough input into the process of assigning specialists to various locations. They do not visit often and when they do it may only be for a few hours at a time. People may not even be able to meet with them if these hours are not convenient. These brief visits are not seen as providing enough time for the specialist to develop an understanding of the community. This problem is made worse by the lack of follow-up to these visits. We also heard the view that specialists do not have or do not take the time to provide instruction and training for community frontline workers.

"Government should not try and solve the problems but should support the problem solvers."

Iqaluit workshop

We heard of a number of positive and useful programs provided by volunteer organizations across the North. People told us that these activities reflect their desire for greater responsibility over their lives and over the services provided their communities. We heard that these groups should be recognized and encouraged to expand their involvement.

NWT Council For Disabled Persons

• • • • • • • • •

This non-profit agency strives to represent and advocate for the interests of all persons with disabilities across the NWT. With the limited funding available, it communicates with and on behalf of disabled persons on a range of issues. It is also involved in providing disability awareness training and workshops for communities across the North. About one third of the board members are from various communities across the NWT.

The Council provides a number of programs and services. These range from a recent conference for people with disabilities from every region to arranging performances by Kids on the Block Puppets in 25 different communities. Plans for 1994 include two other conferences and a visit by the puppets to the Baffin Region.

Volunteers raise nearly half of the organization's annual budget. Some project funding is also provided by federal and territorial governments.

"They always leave just a short time after they come to the community."
Baker Lake public meeting

We heard that our system's reliance on specialists may not always provide the best level of service to the communities. Part of the problem is that the need for these services is seen to reflect a lack of support and resources available to frontline workers. People told us that these workers should be able to involve other local resources, such as respected elders, in providing some of the services currently provided by specialists.

People mentioned a number of concerns about specialists. Communities may not have enough input into the process of assigning specialists to various locations. They do not visit often and when they do it may only be for a few hours at a time. People may not even be able to meet with them if these hours are not convenient. These brief visits are not seen as providing enough time for the specialist to develop an understanding of the community. This problem is made worse by the lack of follow-up to these visits. We also heard the view that specialists do not have or do not take the time to provide instruction and training for community frontline workers.

"Government should not try and solve the problems but should support the problem solvers."

Iqaluit workshop

We heard of a number of positive and useful programs provided by volunteer organizations across the North. People told us that these activities reflect their desire for greater responsibility over their lives and over the services provided their communities. We heard that these groups should be recognized and encouraged to expand their involvement.

NWT Council For Disabled Persons

This non-profit agency strives to represent and advocate for the interests of all persons with disabilities across the NWT. With the limited funding available, it communicates with and on behalf of disabled persons on a range of issues. It is also involved in providing disability awareness training and workshops for communities across the North. About one third of the board members are from various communities across the NWT.

The Council provides a number of programs and services. These range from a recent conference for people with disabilities from every region to arranging performances by Kids on the Block Puppets in 25 different communities. Plans for 1994 include two other conferences and a visit by the puppets to the Baffin Region.

Volunteers raise nearly half of the organization's annual budget. Some project funding is also provided by federal and territorial governments.

"As political leaders, as the MLAs that sit here, you have to play a major role."

Fort Simpson public meeting

We also heard that increased volunteerism reflects the view that government workers and professional health and social service workers are only a part of the solution.

11. Public officials are expected to act as role models

Public officials, community leaders and workers who provide health and social services are recognized members of the community. A number of them are also viewed as role models. People want them to follow a high standard of behaviour, especially on such matters as sobriety and violence. These role models are also expected to recognize and acknowledge any problems they may have and to act responsibly in dealing with them.

12. Offenders should not be treated better than their victims

"The abuser should be the one being sent out either for treatment or counselling."
Resolute Bay public meeting

People in a number of communities believe that those who commit physical violence and other forms of abuse within their families should not be treated better than their victims. At the same time, people are concerned that offenders seem to benefit under the current system. This concern is based on a number of factors.

First, it is usually the female partner and children who have to relocate following a violent incident while the offender remains in the family home. The victims may even have to leave their community in order to find appropriate shelter. Women feel further victimized when they have to relocate in this way.

We heard significant support for the view that the offender, rather than the victim, should have to suffer the inconvenience and other stresses of leaving the home.

Second, the victim often experiences even greater inconvenience through no fault of her own. Once she leaves the family home her name may be dropped to the bottom of the list of those hoping to qualify for future housing space. This happens even if the woman was born in the community and has lived there all her life.

Third, we heard that the victims of abuse may even be reluctant to assist the justice system in bringing charges against the offender. This reluctance is caused by a lack of understanding of the process itself or by a fear of retaliation. Some people told us that bringing charges against an offender simply guarantees repeat acts of abuse.

Finally, people are concerned that the judicial process fails the victim even when the matter does go to trial. There is a perception in some

communities that the courts are too slow in dealing with such acts of violence. We also heard the perception that juries are too lenient with offenders even if they are brought to justice.

"Whole families need to be healed and treated."

Rae-Edzo public meeting

We heard people support the use of community-based counselling, intervention, mediation and other family support services for both the victims and offenders in cases of domestic violence. People also support programs to assist families in the possible re-integration of abusers into the home.

Abused women in particular face a number of challenges in locating and obtaining assistance. They simply may not know anyone to talk to. They may not know of the legal steps they can take. Or they may not know the other sources of help that may be available to them.

People told us that the abuser also faces a shortage of counselling and support programs. Since abuse is an offense that is often repeated, it is just as important to provide counselling for the offender as it is for the victim and other family members.

"When young girls are expecting babies, they should be able to stay in the communities."

Taloyoak public meeting

We heard general support for programs that would give women the opportunity to deliver their babies in their own communities. This would enable women to choose to remain at or close to home as opposed to having to travel to another community. It would make life easier for expectant mothers who already have other children to care for.

Taloyoak Self-Help Support Group

• • • • • • • • • •

This group of residents help and support each other in coping with the death of loved ones, and beginning to heal from child abuse and spousal assault.

The group was started by one person who, with few resources and little assistance, invited people with a similar need for information and support to meet with her. A large number showed up for that initial meeting and those that followed. The group now meets twice each month. Community officials support the group's activities by providing facilities for these meetings.

The self-help group is growing, with young members of the community now taking part in its activities. Planning for the future is also underway; for instance, a workshop on grieving is being considered.

communities that the courts are too slow in dealing with such acts of violence. We also heard the perception that juries are too lenient with offenders even if they are brought to justice.

"Whole families need to be healed and treated."

Rae-Edzo public meeting

We heard people support the use of community-based counselling, intervention, mediation and other family support services for both the victims and offenders in cases of domestic violence. People also support programs to assist families in the possible re-integration of abusers into the home.

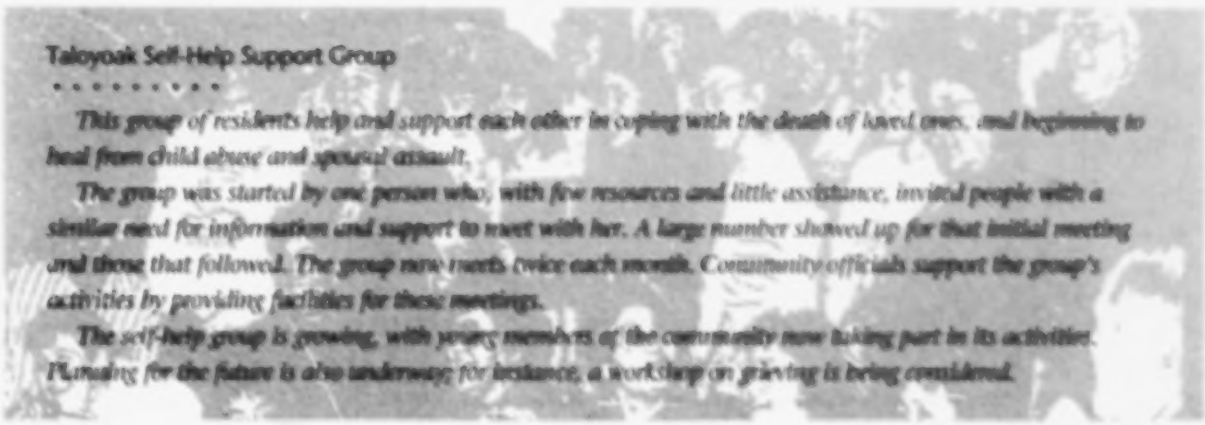
Abused women in particular face a number of challenges in locating and obtaining assistance. They simply may not know anyone to talk to. They may not know of the legal steps they can take. Or they may not know the other sources of help that may be available to them.

People told us that the abuser also faces a shortage of counselling and support programs. Since abuse is an offense that is often repeated, it is just as important to provide counselling for the offender as it is for the victim and other family members.

"When young girls are expecting babies, they should be able to stay in the communities."

Taloyoak public meeting

We heard general support for programs that would give women the opportunity to deliver their babies in their own communities. This would enable women to choose to remain at or close to home as opposed to having to travel to another community. It would make life easier for expectant mothers who already have other children to care for.



Taloyoak Self-Help Support Group

This group of residents help and support each other in coping with the death of loved ones, and beginning to heal from child abuse and spousal assault.

The group was started by one person who, with few resources and little assistance, invited people with a similar need for information and support to meet with her. A large number showed up for that initial meeting and those that followed. The group now meets twice each month. Community officials support the group's activities by providing facilities for these meetings.

The self-help group is growing, with young members of the community now taking part in its activities. Planning for the future is also underway; for instance, a workshop on grieving is being considered.

It would also ensure that young expectant mothers have a chance to learn about the birthing process in secure and familiar surroundings. Midwives, home births and local birthing centres were mentioned as community-based means of achieving these results.

15. Mental health needs deserve greater attention and support

We heard that there are very few meaningful mental health services available in the Northwest Territories. This applies to clinical psychiatric services and a more holistic approach to healing. While the Department of Social Services has authority in this matter, there are very few resources available to back it up.

People identified a number of obstacles to treating those with mental health problems. These obstacles include a shortage of proper facilities, not enough home care, too little training, too few visits by specialists and a lack of other support in the community. We also heard that even when suicidal patients are sent outside the community for assessment they are often quickly returned because they have no clinically diagnosed illness.

There is clear support for culturally appropriate counselling services, such as the use of respected elders as lay counsellors. Ongoing service training for social workers and the pooling of local resources to provide better treatment of mental health problems are also needed. People also want greater cooperation between the Departments of Health and Social Services in an effort to ensure that patients receive the care they need.

"There really are no services for people with mental illness."

Iqaluit public meeting

16. People with physical disabilities raised their concerns

During our consultations a number of people with physical disabilities shared their concerns. Particular challenges include a shortage of community-based services. We heard of a lack of suitable physically accessible housing and of frustrations encountered in getting into public buildings. Some disabled people felt they had not received fair treatment under the regulations of the Social Assistance Program. They found it frustrating and embarrasing to have to provide a doctor's note confirming that their disability prevents them from working in order to qualify for the disability allowance. They also suggested that Social Assistance workers should receive disability awareness training.

As with seniors, people with disabilities and the family members who care for them spoke of their need for respite care. While some respite care is offered in some communities using hospital beds that may be available, little is available on an in-home basis. Little is needed to offer such services except the funding necessary to pay the homemakers. A current initiative in Rae-Edzo to train residents as homemakers shows that it can be done if the will is there. The ongoing lack of will on the part of the government is apparent in the fact that a report it prepared in 1985 called for the implementation and funding of respite care, yet no action is apparent eight years later.

"Many of our residents, especially our elders, are dying of cancer."

Rankin Inlet public meeting

The increased presence, detection and treatment of cancer is of particular concern in almost every community we visited.

People believe that current methods of testing in the North are incapable of detecting this disease in its early stages. We heard stories of delayed diagnosis and mis-diagnosis. We also learned of people who were told in their communities that they did not have cancer only to be medevaced to another community where they were told that they did.

Governments at all levels have tried to educate people about the connection between smoking and cancer. But the message is simply not getting through. We were especially disturbed to hear of young children who are already smoking, chewing and sniffing tobacco in our communities.

Fort Smith Society For Disabled Persons

* * * * * * * * *

***Since 1968** this group of volunteers has worked to improve the opportunities for people with disabilities to participate in community life.*

The Society has completed a number of projects including a survey** to determine the level of access to community buildings. **A guide book was then produced containing** the results of this survey. **Follow-up** discussions have been held **with officials. The Society has also conducted a study to determine the needs of people with disabilities and to identify appropriate local services.

***The community as a whole has been recognized for the results of these and other community-based activities. During the 1993 National Access Awareness Week, the town of Fort Smith received a 3 Star Award** honouring efforts to welcome **and involve the disabled** into more **aspects of community** life.*

As with seniors, people with disabilities and the family members who care for them spoke of their need for respite care. While some respite care is offered in some communities using hospital beds that may be available, little is available on an in-home basis. Little is needed to offer such services except the funding necessary to pay the homemakers. A current initiative in Rae-Edzo to train residents as homemakers shows that it can be done if the will is there. The ongoing lack of will on the part of the government is apparent in the fact that a report it prepared in 1985 called for the implementation and funding of respite care, yet no action is apparent eight years later.

"Many of our residents, especially our elders, are dying of cancer."

Rankin Inlet public meeting

The increased presence, detection and treatment of cancer is of particular concern in almost every community we visited.

People believe that current methods of testing in the North are incapable of detecting this disease in its early stages. We heard stories of delayed diagnosis and mis-diagnosis. We also learned of people who were told in their communities that they did not have cancer only to be medevaced to another community where they were told that they did.

Governments at all levels have tried to educate people about the connection between smoking and cancer. But the message is simply not getting through. We were especially disturbed to hear of young children who are already smoking, chewing and sniffing tobacco in our communities.

Fort Smith Society For Disabled Persons

• • • • • • • • •

Since 1988 this group of volunteers has worked to improve the opportunities for people with disabilities to participate in community life.

The Society has completed a number of projects including a survey to determine the level of access to community buildings. A guide book was then produced containing the results of this survey. Follow-up discussions have been held with officials. The Society has also conducted a study to determine the needs of people with disabilities and to identify appropriate local services.

The community as a whole has been recognized for the results of these and other community-based activities. During the 1993 National Access Awareness Week, the town of Fort Smith received a 3 Star Award honouring efforts to welcome and involve the disabled into more aspects of community life.

18. People want additional and improved medical transportation services

"It is a hardship for us when the health centre does not have transportation."
Broughton Island public meeting

People are concerned about the availability of air and ground medical transportation in their communities.

In the case of air transportation we heard of a shortage of interpreters and dependable escorts to accompany elders and other patients on their medical travels. Other concerns include the administration of the medevac program itself and the lack of airstrips in some communities.

In the case of ground transportation, many communities do not have taxi services. We heard requests for additional vehicles to transport elders and other patients to local health centres, airstrips or other facilities. A number of people suggested that health centres themselves should make their vehicles available for transporting patients. On the other hand, there was concern that such a solution would place an even greater burden on health centre personnel and resources.

19. Income support benefits and rules are inadequate

There is widespread concern that the present system and level of income support benefits are simply inadequate. Particular problems include the high cost of living in the North and the fact that this cost can vary between communities.

"More social assistance should be provided to reflect the high prices we must pay for things here in the North."

Baker Lake public meeting

In our Second Interim Report we examined one issue that is of great concern: the inadequacy of the food allowance for people receiving social assistance. There remains a considerable shortfall between what the allowance will buy and the actual cost of a nutritious food supply.

Many view social assistance as a way to regain or establish a level of economic self sufficiency. We heard of a number of recipients who manage to earn extra money through various economic activities. This activity helps people retain their pride and serves as an incentive to work. But we also heard that this incentive is reduced because extra income is deducted from the following month's social assistance payment. Many people believe that represents an unfair penalty. There is clear support for the review and reform of this rule.

Regardless of how much money one is allowed to keep, we also heard that many recipients of income support lack the knowledge, experience and training to manage and budget their income effectively.

"Without this support, the treatment programs will be of limited value."
Hay River public meeting

We were told that effective public information, promotion and communications programs are required on a range of issues including AIDS, Fetal Alcohol Syndrome, nutrition, addiction and pre-natal care to name just a few.

It is clear that there is a considerable shortage of information in many of the communities we visited. Existing programs are trying to meet this demand but they are not getting through to the people they were designed for.

People want their health and social service workers to communicate with them more effectively. We heard of occasions on which patients do not feel they are being told what they need to know. We were also told of people not understanding what treatment they were being given and why.

Two barriers to more effective communications were identified. The first is a linguistic one, where the patient and caregiver may speak different languages. The second is a technical one, where health and other professionals use overly technical jargon when speaking to their patients and clients.

Lake Harbour Anti-Smoking Project

Quitting the smoking habit has become a source of pride for many people in Lake Harbour. In 1992 the local Alcohol and Drug Co-ordinator began an anti-smoking campaign. This project uses community radio, visits to schools and other activities to inform people of the dangers of smoking.

To further encourage people to stop smoking, a list of non-smokers and smoke-free homes has been developed. This list is posted outside the health centre and post office for everyone to see. People who have quit smoking for at least three months are added to the list.

The program is being expanded, with challenges to schools in other communities to begin their own anti-smoking campaigns.

20. More effective public education programs are required

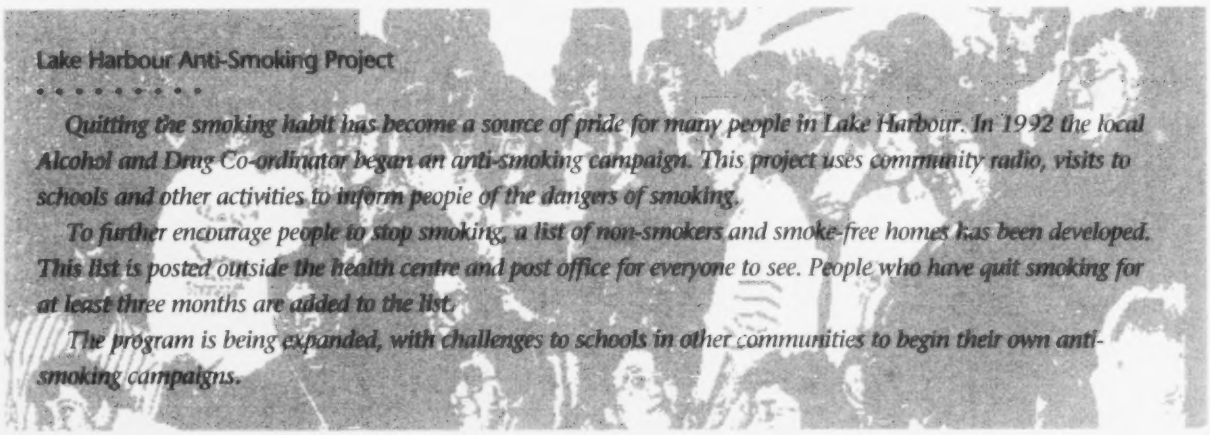
"Without this support, the treatment programs will be of limited value."
Hay River public meeting

We were told that effective public information, promotion and communications programs are required on a range of issues including AIDS, Fetal Alcohol Syndrome, nutrition, addiction and pre-natal care to name just a few.

It is clear that there is a considerable shortage of information in many of the communities we visited. Existing programs are trying to meet this demand but they are not getting through to the people they were designed for.

People want their health and social service workers to communicate with them more effectively. We heard of occasions on which patients do not feel they are being told what they need to know. We were also told of people not understanding what treatment they were being given and why.

Two barriers to more effective communications were identified. The first is a linguistic one, where the patient and caregiver may speak different languages. The second is a technical one, where health and other professionals use overly technical jargon when speaking to their patients and clients.



Lake Harbour Anti-Smoking Project

Quitting the smoking habit has become a source of pride for many people in Lake Harbour. In 1992 the local Alcohol and Drug Co-ordinator began an anti-smoking campaign. This project uses community radio, visits to schools and other activities to inform people of the dangers of smoking.

To further encourage people to stop smoking, a list of non-smokers and smoke-free homes has been developed. This list is posted outside the health centre and post office for everyone to see. People who have quit smoking for at least three months are added to the list.

The program is being expanded, with challenges to schools in other communities to begin their own anti-smoking campaigns.

THE DELIVERY OF HEALTH AND SOCIAL SERVICES

What We Recommend

We believe that a number of steps can and must be taken to improve the delivery of health and social services in the Northwest Territories. People told us on many occasions that they expect the government to act on the information provided during our review. They have done their part by sharing their needs and concerns with us. Now it is time for public officials to do their part.

The need for action on these matters is great. Our recommendations should be acted upon quickly.

The following general recommendations provide a framework to guide the government in its approach to a number of issues.

The government should better inform the people of the Northwest Territories about the cost and workings of their health and social services. An effective program to communicate this information and to encourage the responsible use of these services should be implemented. This will help people to feel a greater degree of ownership of the system. It may also help us to provide the services we require while living within our means.

Communities should be encouraged and assisted in the development and leadership of local initiatives. It is especially important to support those programs in which individuals and families assume greater responsibility for and control over their quality of life.

The use of specialists should be reviewed. We must ensure that our communities are receiving the greatest benefit from this expertise. While they are in the community, efforts should be made to share their expertise by providing training and advice to local residents, such as in the areas of prevention and treatment. The specialist assignment and visitation schedule should also be reviewed to ensure that these visits are convenient for the people they are meant to serve.

The use of telecommunications technology and other forms of distance medicine should be increased. This will provide frontline workers with the information they need to provide more timely, effective and quality health services. Had the Department of Health not already initiated a pilot project in this area we would certainly have recommended that it do so. The Department should be instructed to proceed as quickly as possible with the pilot projects that are proposed for the next two years.

The government of Canada should live up to its commitments. We cannot accept Ottawa's ongoing refusal to honour its financial responsibilities for the provision of health care to our Aboriginal residents. These obligations exist in treaty. They also exist in the agreements which transferred authority over a number of health-related matters to the territorial government in 1988.

The government of the Northwest Territories should honour its commitment as well. In return for their support of the 1988 Health Transfer Agreement, communities were promised greater authority over their health and social services. This was to be achieved through a transfer of responsibility to regional health boards, hospital boards and local committees. This transfer has never occurred to the extent it should. The system remains distant from and unresponsive to the people who best know the needs of their communities.

Efforts must be made to develop more community-based mental health services. The government should consider undertaking a pilot project in a given community. The project could involve a team approach involving local residents with back-up support provided by skilled professionals in regional offices. This team would develop and implement promotional activities around mental health issues. We saw two proposals for such a project during our review. We strongly suggest that the government move in this direction.

The confidentiality of medical and related information needs to be addressed on two levels. First, the government should encourage staff in different departments to get the client consent needed to share information among themselves. Second, frontline workers should be reminded to take steps to avoid even accidentally releasing confidential information to the public.

We heard of the problems facing families who care for mentally handicapped young people in the home. Possible solutions that were raised include appropriate counselling and training for parents.

Additional respite care services and facilities need to be provided as part of a community-based system of health and social services. These resources will help relieve the strain on families who care for ill, elderly or disabled family members at home.

An immediate search must begin for ways to relieve the impossible workload of frontline social workers. In smaller communities, one or two workers are responsible for delivering a great number of programs, each requiring certain skills. In larger communities, workers are more specialized but face an incredible volume of work. In both cases there is

not enough time to perform prevention activities. In short, the current situation leaves workers overburdened and communities underserved. One immediate step would be for the government to speed the transfer of responsibility for social assistance to the Department of Education, Culture and Employment.

Women should be protected from acts of physical abuse. Part of this protection must come in the form of new attitudes on the part of many people. The government has an important role to play in this process. This role includes setting policies and communicating them to the people of the Northwest Territories.

The government is to be commended on its efforts to date in the area of family violence, but too many people are still being abused. The committee is pleased that the Department of Justice is presently working on a new strategy to deal with violence in the NWT. We strongly urge the Minister to proceed swiftly to address this serious issue. More must be done to communicate this policy and the fact that violence against women and other family members is totally unacceptable.

People need to be better informed of the ways in which they can take greater control over their quality of life. Information about successful programs developed at the community level should be gathered and distributed throughout the Northwest Territories.

The government should encourage the development of more effective and innovative public information programs. These activities should move beyond the conventional printed materials and lectures which are simply not working. Programs must become more interactive with the people they are meant to reach. People must be participants rather than recipients in the process of public health education.

Fort Smith Violence Against Women Workshops

Early in the 1992-93 academic year, staff at P.W. Kaeser School became concerned about unhealthy attitudes among the students about violence against women, relationships and sex roles. As a result, a policy of zero tolerance towards violence and alcohol and drugs was developed.

Recognizing that for things to change, students needed to talk with each other about these issues, an interagency group set up a workshop for the male students in November 1992. Men who were role models in the community were asked to speak with the students on a man to man basis regarding the issue of relationships and violence. The workshop had a significant impact, with over 90 percent of the students returning for the afternoon session. In May 1993, a similar workshop was held for the female students with all women presenters.

Interagency committee members feel that these workshops represent how a community can come together in a positive way to deal with serious issues. Plans are underway for further workshops this year.

not enough time to perform prevention activities. In short, the current situation leaves workers overburdened and communities underserved. One immediate step would be for the government to speed the transfer of responsibility for social assistance to the Department of Education, Culture and Employment.

Women should be protected from acts of physical abuse. Part of this protection must come in the form of new attitudes on the part of many people. The government has an important role to play in this process. This role includes setting policies and communicating them to the people of the Northwest Territories.

The government is to be commended on its efforts to date in the area of family violence, but too many people are still being abused. The committee is pleased that the Department of Justice is presently working on a new strategy to deal with violence in the NWT. We strongly urge the Minister to proceed swiftly to address this serious issue. More must be done to communicate this policy and the fact that violence against women and other family members is totally unacceptable.

People need to be better informed of the ways in which they can take greater control over their quality of life. Information about successful programs developed at the community level should be gathered and distributed throughout the Northwest Territories.

The government should encourage the development of more effective and innovative public information programs. These activities should move beyond the conventional printed materials and lectures which are simply not working. Programs must become more interactive with the people they are meant to reach. People must be participants rather than recipients in the process of public health education.

Fort Smith Violence Against Women Workshops

Early in the 1992-93 academic year, staff at P.W. Kaeser School became concerned about unhealthy attitudes among the students about violence against women, relationships and sex roles. As a result, a policy of zero tolerance towards violence and alcohol and drugs was developed.

Recognizing that for things to change, students needed to talk with each other about these issues, an interagency group set up a workshop for the male students in November 1992. Men who were role models in the community were asked to speak with the students on a man to man basis regarding the issue of relationships and violence. The workshop had a significant impact, with over 90 percent of the students returning for the afternoon session. In May 1993, a similar workshop was held for the female students with all women presenters.

Interagency committee members feel that these workshops represent how a community can come together in a positive way to deal with serious issues. Plans are underway for further workshops this year.

1

We heard too many stories of duplication, waste and lack of coordination between government departments. It is time to begin correcting these problems in the best interests of the people who receive and deliver health and social services. We need to develop new partnerships with the input of public officials, frontline workers and the people of our communities.

Recommendation:

Amalgamation of the Departments of Health and Social Services should proceed immediately. The first step in this process should be the designation of one Minister responsible for both departments by March 31, 1994.

2

Efforts have to be made to improve the coordination of health and social services during the amalgamation process. Legislative, regulatory or administrative obstacles to increased cooperation between departments must be identified and removed.

Recommendation:

The level of cooperation and information sharing between all government departments involved in the delivery of health and social services must improve, and the government should report to the 1994 fall session of the Legislative Assembly on measures taken to achieve this.

3

The role of regional health boards should be reviewed during this reorganization process. These organizations are closer to the people and can better reflect the health and social service needs of the community. However, they require more certain plans and a better definition of their function. The government must also realize that different boards face different challenges and opportunities in their own communities. Individual boards operate at different levels of expertise. They also differ in terms of their experience and the degree to which they can or wish to assume greater responsibility. Legislation and Memoranda of Agreements should reflect these facts. Individual boards should then have the right to determine the plans and programs which best meet the needs of their region.

The agreements being developed by government and board officials should reflect these concerns.

Recommendation:

Greater authority should be transferred to regional health boards as they are willing and able to assume those duties.

4

People served by local health and social service committees seem the most happy with the way those services are delivered in their communities. These organizations seem to give local residents a greater sense of participation in and ownership of these important services. This process must be encouraged, but the committees should not be imposed on our communities. They must be established only at the request and direction of people at the local level who can best determine their requirements.

Recommendation:

Local health and social service committees must be recognized as essential to the delivery of these programs. The development of local committees should be encouraged and progress should be reported to the Legislative Assembly during each budget session.

5

The people who provide our health and social services must become more sensitive to the culture, traditions and languages of the people they serve. This is essential if our frontline workers are to be viewed as credible and positive members of the community in which they work.

Recommendation:

An effective cross-cultural training program must be established and made compulsory for all new frontline workers, and for those working in cross-cultural situations.

6

Part of this increased sensitivity to our different communities must be an acceptance of the different forms of healing that are practised in the Northwest Territories. A number of people take a more holistic approach to health, addressing spiritual as well as physical matters.

Recommendation:

Traditional healing methods must be recognized, funded by government and incorporated into our system of health and social services.

7

Traditional and medical methods can work together in a number of areas. Childbirth is one of these. Many women want the option of deciding how and where to deliver their babies. Options include the use of midwives and other local resources in addition to regional hospitals. Women should be able to make an informed choice between these options. Adequate information should be available to assist women in making these decisions. Women's groups should be part of the process to develop legislation needed to achieve this goal.

Recommendation:

Women should be able to make an informed choice about where they wish to deliver their babies. Legislation should be developed to recognize midwifery within the health care system.

8

For us to achieve healthy communities, we need to stop family violence. In spite of the GNWT policy against family violence, too many people are still being abused. In particular, we must increase our efforts to end the violence against women and children.

A policy of "zero tolerance" toward violence must be adopted by the government, and widely publicized.

9

Current policies against domestic violence do not provide enough protection for women and other victims. Treatment, counselling, mediation, conciliation and follow-up services are also required. Relocation, housing and other programs must be reviewed to ensure that victims are not placed at a disadvantage in the community through no fault of their own. In particular, housing policies should be changed so that leases in family situations require two signatures in order to protect both partners. Leases could also contain a provision that the offender should be the one to leave the home following an act of violence.

Housing and family violence programs must be reviewed to ensure that the offender, rather than the victim, suffers the consequences of domestic violence.

10

Too often the victims of domestic violence have to move away from their own communities in order to find shelter and to resume their lives. Even if they return home they have great difficulty in picking up the pieces and starting over. The removal of women and children from their communities by the Department of Social Services should only be a last resort. The government should adopt a policy of helping victims remain in their own communities wherever possible. Local assistance should be provided these people in such areas as housing, education and job training. This will help them to assume greater responsibility and control over their lives as part of their healing process.

Every effort should be made to assist victims of domestic violence to rebuild their lives in their own communities.

11

Air transportation is a vital link in our system of health and social services. But this link is in desperate need of repair. A complete review of this service is urgently required. The relationship between northern preference policies and the cost of this service must be examined. We must determine whether the most appropriate aircraft are being used. The method of awarding contracts must also be reviewed.

An independent review of the medical air transportation program is required immediately. The results should be presented to the 1994 fall session of the Legislative Assembly.

12

The availability of adequate ground transportation must also be addressed. The cost of providing every health centre with a vehicle is simply too great. Other, more community-based solutions must be found. These solutions could involve the pooling or sharing of existing resources. Volunteers and organizations like local fire departments should be approached to participate in these arrangements.

Communities should be encouraged and assisted in developing their own medical ground transportation services.

13

Local health centres should be open during hours that are most convenient for the residents they serve. It is difficult to assist patients if clinic hours do not reflect the needs of the community. More local input should be allowed in setting these schedules.

The Department of Health should encourage regional health boards to examine how health centre clinic schedules could better meet the needs of the community.

14

We also need to determine if our social services are truly meeting the needs of the community. The government is currently conducting a review of the income support system. This review should examine whether recipients of income assistance in fact become trapped in lives of dependency. People told us that this system is tough to get into and even tougher to get out of. Every step should be taken to encourage pride, a desire to work and a sense of initiative in people who receive income support.

Regulations must be changed to allow people on social assistance to receive a greater portion of money earned through economic activity.

15

At the same time, it is clear that a number of recipients of assistance have difficulty in managing their financial affairs. These people should be encouraged to take part in activities that will help them to manage and budget their money.

A money and budget management program should be developed and made available to long term social assistance recipients.

16

Frontline workers have identified a lack of training as one of the greatest problems they face in performing their duties. Additional training should be provided through conferences, workshops, distance learning, in-service training by visiting specialists, and greater information sharing between workers. These activities would benefit the community by increasing the skills of frontline workers and reducing the reliance on fly-in specialists.

Frontline health and social service workers should be provided with greater training opportunities, and the government should present a report on progress made in this area to the 1994 fall session of the Legislative Assembly.

17

Employee Assistance Plans (EAP) are one way to help workers cope with the pressures of their jobs. The government of the Northwest Territories has often been asked to establish an EAP for its own staff. Our survey of frontline workers suggests that the need for such a program is especially great among health and social service employees.

An employee assistance program should be developed, and made available to health and social service frontline workers.

ELDERS

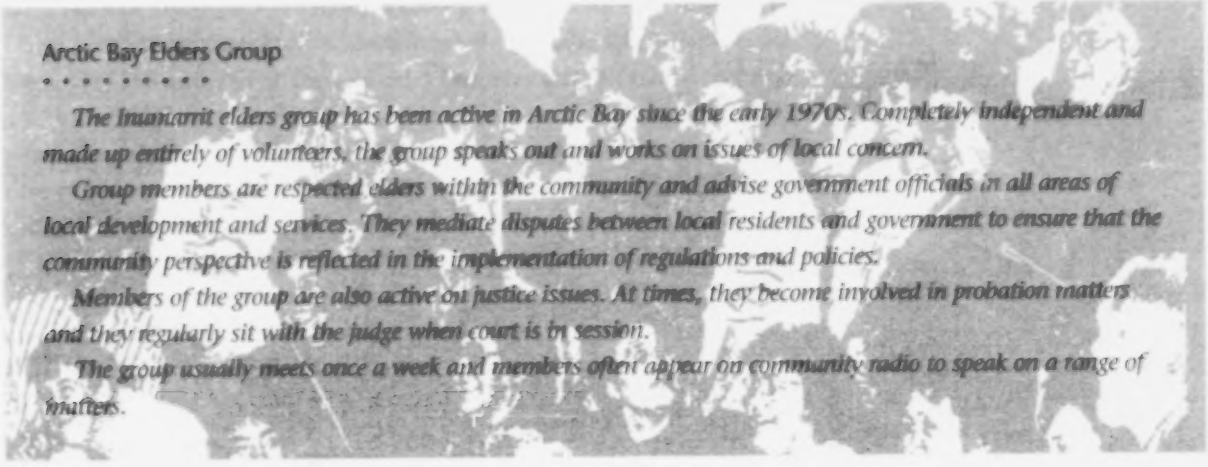
Elders hold an important place in our communities. They also share many of the views about the delivery of health and social services that were raised by other groups during our review. But our elders also have a number of concerns that are unique to them and deserve our special attention. Here is What We Heard:

Most people view their respected elders as a valuable resource. They have the experience, the wisdom and the time to contribute to the quality of life of our communities. There is considerable support for involving them in a range of local counselling activities in the areas of health and social services. We also heard that many elders are eager to provide such assistance. At the same time, we heard from elders themselves and from others that this resource is not being used effectively in many communities. The problem seems to lie in determining the opportunities for such involvement.

"We should employ our elders as resource people."

Lake Harbour public meeting

We heard a number of suggestions on how to better involve respected elders in the workings of their communities. They could be used to assist alcohol and drug committees, justice committees and other local organizations in counselling troubled individuals. They could be involved in family mediation. In addition, they could teach traditional skills to young people through various camp projects on the land.



Arctic Bay Elders Group

The Inuuncarrit elders group has been active in Arctic Bay since the early 1970s. Completely independent and made up entirely of volunteers, the group speaks out and works on issues of local concern.

Group members are respected elders within the community and advise government officials on all areas of local development and services. They mediate disputes between local residents and government to ensure that the community perspective is reflected in the implementation of regulations and policies.

Members of the group are also active on justice issues. At times, they become involved in probation matters and they regularly sit with the judge when court is in session.

The group usually meets once a week and members often appear on community radio to speak on a range of matters.

ELDERS

Elders hold an important place in our communities. They also share many of the views about the delivery of health and social services that were raised by other groups during our review. But our elders also have a number of concerns that are unique to them and deserve our special attention. Here is What We Heard:

Most people view their respected elders as a valuable resource. They have the experience, the wisdom and the time to contribute to the quality of life of our communities. There is considerable support for involving them in a range of local counselling activities in the areas of health and social services. We also heard that many elders are eager to provide such assistance. At the same time, we heard from elders themselves and from others that this resource is not being used effectively in many communities. The problem seems to lie in determining the opportunities for such involvement.

We heard a number of suggestions on how to better involve respected elders in the workings of their communities. They could be used to assist alcohol and drug committees, justice committees and other local organizations in counselling troubled individuals. They could be involved in family mediation. In addition, they could teach traditional skills to young people through various camp projects on the land.

"We should employ our elders as resource people."

Lake Harbour public meeting

Arctic Bay Elders Group

• • • • • • • • • •

The Inumarrit elders group has been active in Arctic Bay since the early 1970s. Completely independent and made up entirely of volunteers, the group speaks out and works on issues of local concern.

Group members are respected elders within the community and advise government officials in all areas of local development and services. They mediate disputes between local residents and government to ensure that the community perspective is reflected in the implementation of regulations and policies.

Members of the group are also active on justice issues. At times, they become involved in probation matters and they regularly sit with the judge when court is in session.

The group usually meets once a week and members often appear on community radio to speak on a range of matters.

"Not all our elders want to live in an elders facility. Many of them want to live independently."

Fort Smith public meeting

2. Concerns about institutional and community-based care

Elders are concerned about the care they receive in such institutional settings as hospitals, boarding homes and homes for seniors. They experience physical isolation, particularly if they have to move to another community. They do not always understand the treatments they are given and why. They are also uncomfortable in surroundings that do not reflect their culture, traditions, language and diet.

There is strong support for the provision of local health and social services for elders. At the same time, we heard that there is a shortage of home and community-based care programs, including palliative care, in many areas. As a result, a number of elders receive their care in institutions or from family members. Hospitalization is costly and the patient is away from the support of family and friends. As well, hospitalized elders are often further isolated due to language differences. In a case study submitted to the committee, a 40 day palliative care hospital stay for one particular terminally ill patient receiving pain control therapy, cost over $80,000 (including all related travel costs). For about one fifth of that expenditure, this patient could have been briefly hospitalized while her pain control was stabilized and then returned to her community. Once there, a nurse could train local care-givers and family members in administering the pain medication. This home-based palliative care would have been much less expensive than hospitalization. Even more important, the patient could have spent her last days at home surrounded by family members.

A number of family members and elders may already share homes because of the housing shortage in the North. The additional burden of caring for an elder at home may only add to the considerable stress associated with overcrowding.

We heard many times of the need for respite care. Elders need such relief when they are caring for grandchildren or other young family members. At the same time, those who care for elders at home require occasional relief as well.

3. Elders face unique income support problems

"It is very difficult for people who get assistance.
We cannot get what we need."
Igloolik public meeting

Many people told us that income assistance benefits are inadequate to cover the high cost of living in northern communities. But we also heard of a number of problems in this area that are unique to elders. In many cases, for example, elders are supporting not only themselves but their extended families as well. Yet they are not eligible to receive additional support to meet these added responsibilities.

We heard that elders who custom adopt may also be prevented from receiving additional benefits to help in caring for their adopted children. We also learned that some elders can experience considerable difficulty just trying to apply for income support. This is especially true if the applicant cannot read or write or if the age of the applicant cannot be verified from birth or other records.

4. Elders are subjected to various forms of abuse

Most people told us that elders are respected members of their communities. But we also heard of elders who are subjected to abuse, much of it in their own homes. This abuse can take several forms. It can be physical. It can be emotional in the form of neglect. It can also be financial. We were told of family members who forge elders' signatures on income support cheques. We also heard of relatives persuading elders to hand over their pension money which the relatives often spent on alcohol or gambling. The elders then have considerable difficulty in paying their bills and making ends meet for the balance of that month.

"Our elders have done so much for us
and they deserve to have
a really good life,
yet it is not happening."

Rae-Edzo public meeting

5. The fuel subsidy is inadequate

"They need more assistance with regard to firewood or fuel."
Fort Smith public meeting

People have their own definitions of what the fuel subsidy is designed to achieve. But all who raised this matter with us seemed to agree that the current subsidy is not enough to meet the current energy needs of our elders. We were told that it fails to reflect the differences in the cost of living between communities. We also heard that the problem is caused in part by the higher cost of heating substandard housing.

ELDERS

What We Recommend

The involvement of respected elders in community-based counselling programs should be encouraged and promoted. It is important that those who want to contribute in this way are able to remain in the community. The focus of health and social services for our elders should therefore change from institutions and towards community and home-based care.

As part of this process of assisting elders to remain in their communities, the provision of local palliative care should be encouraged whenever possible. Since palliative care may be provided in the home, steps should be taken to ensure that our elders enjoy decent housing.

Elders should also be assisted in maintaining their financial independence. The financial exploitation of elders is unacceptable. Ways must be found to help them retain greater control over the money they receive from income assistance programs. Specific measures could include a different payment schedule, the use of vouchers instead of cash, plus money management and budgeting programs.

The abuse of elders in our society is totally unacceptable. They have made an important contribution to the community during their lives. It is time for the community to give something back in return. What could be more meaningful than a greater sense of personal security. We understand the proposed Guardianship and Trusteeship Act includes an adult protection clause which allows granting of temporary guardianship for elders who are being abused. We recommend and support prompt passage of such legislation.

18

A more extensive and active support system is required to help abused elders find information and assistance. This support can be provided in two ways. The first is by supporting the development of local and regional self-help groups for seniors. The second way is for the government and such groups to make it easier for elders to find out about the services available to them. This could be done by designating someone within government as a contact person on elders' issues. At the same time, elders could be provided with a way in which they could obtain information, answers and assistance.

Recommendation:

A government contact person on programs for elders should be designated and provided with a 1-800 telephone line so that elders have direct access to a source of information and help.

19

Elder abuse will not be stopped until attitudes in society are changed. Public awareness of appropriate laws and policies must be increased. At the same time, elders must be informed of the ways in which they can receive support.

Recommendation:

A public education program should be launched to inform people that elder abuse is unacceptable, and to let abused elders know where they can find assistance.

20

If community-based care for elders is to be achieved it is important to provide occasional relief for those who provide these services in the home. Respite care has proven to be effective. It provides a rest for caregivers while ensuring the continuity of home care. Respite care should be made available to families who care for elders and other family members with special needs. In some communities, such as Fort Simpson and Hay River, this is already being done using available hospital beds. It should also be available to elders who are looking after other family members such as custom adopted children, grandchildren, or adult mentally handicapped children.

Recommendation:

Respite care should be available for those who care for others in the home. A plan for such a program should be included in the government's 1995/96 budget.

21

The adequacy of our income support payments to elders should be reviewed. These payments should more accurately reflect the high cost of living in the North and the changing costs between communities. This review should examine the programs operated by the governments of both the Northwest Territories and Canada.

Recommendation:

The adequacy of income support payments to elders should be reviewed and the government of Canada must be pressured to conduct a similar review of its own program payments.

22

The fuel or wood subsidy was developed to encourage elders to maintain an independent lifestyle in their own homes. But the interpretation of the rules governing the program is creating hardships for those who rely on this assistance. People told us that the amount of the subsidy is inadequate given the cost of fuel and the problem of heating substandard housing. This suggests that the program needs to be reviewed. This study should determine whether the original intent of the subsidy is reflected in the current program. The subsidy should then be revised as necessary. Seniors themselves should be given a role in this process.

Recommendation:

The fuel subsidy program should be reviewed and amended as required. The program objectives and purpose should be effectively communicated.

CHILDREN AND YOUTH

What We Heard

More than half the residents of the Northwest Territories are under 18 years of age. Any review of our health and social services must take into account the particular issues facing these important members of our community. Here is What We Heard:

"If 'young people are our future' we need to seriously address the issues young people face."

Iqaluit workshop

1. Child sexual abuse is a terrible reality

"It is a community problem. It is not just a problem of one family or one child."
Rankin Inlet public meeting

Few things disturbed us more during our entire review than what we heard about the extent and devastating effects of child sexual abuse. According to some people child sexual abuse is at the core of many of the social problems presently facing residents of the Northwest Territories. Attempted suicide, substance abuse and criminal behaviour are just some of the lasting consequences associated with the unresolved effects of child sexual abuse. Other concerns related to this problem include the spread of sexually transmitted diseases, including AIDS, and girls becoming pregnant as early as the age of twelve.

People want greater recognition, prevention and community treatment of child sexual abuse and its effects on our young. At the same time, it is clear that there are obstacles in the way of such efforts.

These obstacles include: a shortage of community resources; ineffective public education; a lack of shelters in which children might find protection; the absence of therapy and follow-up care for victims and offenders; and what is perceived to be excessive leniency on the part of juries towards accused abusers.

Baker Lake Mianiqsijit Project

In 1988, there was a disclosure of sexual abuse involving a number of children in Baker Lake. The Department of Social Services responded by sending in treatment personnel. As time went on, it became apparent that there were a number of other victims and their families who needed support. In 1990, work was started to involve the community in the ongoing operation of the project. Gradually, the management of the project was taken over by an advisory committee.

Today, the committee supervises three staff members who continue to work with child and adult victims as well as offenders. After more than three years of operation, the project continues to see new clients, support abuse survivors and educate the public about the issue. Staff turnover presents a challenge as some staff find working with this issue to be too much, especially when friends and relatives are involved. The advisory committee is seeking funding to make a video to use to share with others interested in their work.

CHILDREN AND YOUTH

More than half the residents of the Northwest Territories are under 18 years of age. Any review of our health and social services must take into account the particular issues facing these important members of our community. Here is What We Heard:

"If 'young people are our future' we need to seriously address the issues young people face."

Iqaluit workshop

"It is a community problem. It is not just a problem of one family or one child."
Rankin Inlet public meeting

Few things disturbed us more during our entire review than what we heard about the extent and devastating effects of child sexual abuse. According to some people child sexual abuse is at the core of many of the social problems presently facing residents of the Northwest Territories. Attempted suicide, substance abuse and criminal behaviour are just some of the lasting consequences associated with the unresolved effects of child sexual abuse. Other concerns related to this problem include the spread of sexually transmitted diseases, including AIDS, and girls becoming pregnant as early as the age of twelve.

People want greater recognition, prevention and community treatment of child sexual abuse and its effects on our young. At the same time, it is clear that there are obstacles in the way of such efforts.

These obstacles include: a shortage of community resources; ineffective public education; a lack of shelters in which children might find protection; the absence of therapy and follow-up care for victims and offenders; and what is perceived to be excessive leniency on the part of juries towards accused abusers.

Baker Lake Mianiqsijit Project

• • • • • • • • •

In 1988, there was a disclosure of sexual abuse involving a number of children in Baker Lake. The Department of Social Services responded by sending in treatment personnel. As time went on, it became apparent that there were a number of other victims and their families who needed support. In 1990, work was started to involve the community in the ongoing operation of the project. Gradually, the management of the project was taken over by an advisory committee.

Today, the committee supervises three staff members who continue to work with child and adult victims as well as offenders. After more than three years of operation, the project continues to see new clients, support abuse survivors and educate the public about the issue. Staff turnover presents a challenge as some staff find working with this issue to be too much, especially when friends and relatives are involved. The advisory committee is seeking funding to make a video to use to share with others interested in their work.

"I would like to see some kind of safe place for the children to go to when there is a problem at home."
Taloyoak public meeting

We heard many requests for additional facilities in which children can seek emergency shelter and pursue safe recreational activity.

A troubled home creates a troubled social environment for many children. We were told that overcrowded housing takes a terrific toll on young people. A number of these effects were previously identified by the Legislative Assembly's Special Committee on Housing in 1985. These consequences include: a turbulent family life; poor parenting behaviour; fighting between parents; drunkenness by one or more family members; mental stress; overcrowded sleeping conditions; a lack of privacy; the neglect or abuse of children; poor study habits and absenteeism from school.

We heard that home life can be so difficult for children that they may be safer on the streets late at night in violation of local curfews than in their own homes. That is why people are calling for more shelters in which children can find respite for a few hours or overnight if conditions at home become unbearable.

Children told us that boredom caused by a lack of safe group activity was a major concern. We heard that better access to recreational facilities, including school gyms, would provide young people with something to do.

Several problems were identified around existing school policies in this area. These include the fact that schools are often closed after 5:00 p.m., a lack of volunteers to supervise activity when school gyms are open and the need to pay fees in order to play many organized sports. People are also looking to other solutions, such as local drop-in centres and the use of camps on the land.

"There seems to be a syndrome in denying the degree to which our population is affected by Fetal Alcohol Syndrome and Fetal Alcohol Effects."

Fort Simpson public meeting

FAS/FAE were raised as particular health and social problems facing our children in many communities. We heard estimates that anywhere from 15 to 50 percent of the students in a given school and up to 25 percent in one region may show the effects of FAS/FAE, which are caused by women drinking during pregnancy.

It is difficult to determine just how widespread these ailments may be. We are disappointed and alarmed that the government has yet to respond to a recommendation in this area contained in one of our Interim Reports to the Legislative Assembly. In March of 1993 we called

on the government to undertake a clinical study to get an accurate picture of the incidence of FAS/FAE in the Northwest Territories.

People told us that detection and assessment are difficult to achieve. We learned that assessments are almost impossible to obtain. Even if one is carried out there are very few services available to address these problems.

We also heard that too many women still do not know about the risk of brain damage they may cause their unborn child by drinking during pregnancy. Here, as elsewhere, there was support for steps to reduce the possibility of future cases of FAS/FAE. These measures could include pre-natal courses and public education programs.

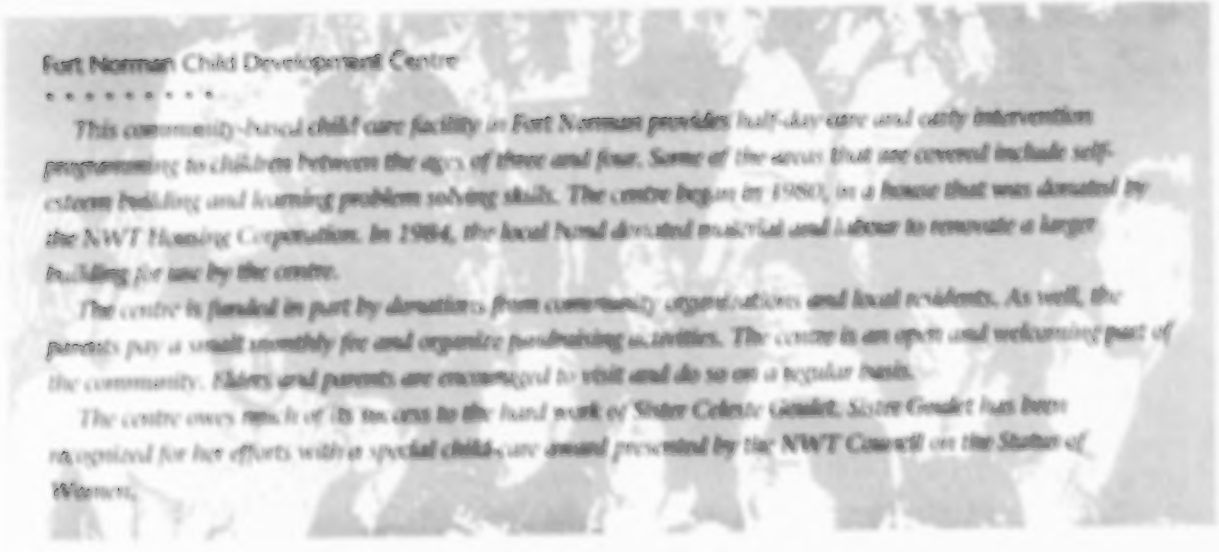
Child care must be improved

"We definitely need a child care policy."
Yellowknife public meeting

Like other Canadians, the residents of the Northwest Territories are concerned about the lack of local, accessible, capable and affordable child care. This shortage is reflected in several ways.

We heard that student mothers or older children stay out of school in order to care for the young. In fact, staying home to provide such care was called one of the leading causes of absenteeism from educational programs. We also heard that the lack of child care affects attendance in the workplace as well, particularly among single mothers.

People support the creation of local child care facilities as one solution. Another proposal called for suitable space to be found inside the school and workplace to enable women to continue with their jobs or education.



Fort Norman Child Development Centre

This community-based child care facility in Fort Norman provides half-day care and early intervention programming to children between the ages of three and four. Some of the areas that are covered include self-esteem building and learning problem solving skills. The centre began in 1980, in a house that was donated by the NWT Housing Corporation. In 1984, the local band donated material and labour to renovate a larger building for use by the centre.

The centre is funded in part by donations from community organizations and local residents. As well, the parents pay a small monthly fee and organize fundraising activities. The centre is an open and welcoming part of the community. Elders and parents are encouraged to visit and do so on a regular basis.

The centre owes much of its success to the hard work of Sister Celeste Goulet. Sister Goulet has been recognized for her efforts with a special child care award presented by the NWT Council on the Status of Women.

on the government to undertake a clinical study to get an accurate picture of the incidence of FAS/FAE in the Northwest Territories.

People told us that detection and assessment are difficult to achieve. We learned that assessments are almost impossible to obtain. Even if one is carried out there are very few services available to address these problems.

We also heard that too many women still do not know about the risk of brain damage they may cause their unborn child by drinking during pregnancy. Here, as elsewhere, there was support for steps to reduce the possibility of future cases of FAS/FAE. These measures could include pre-natal courses and public education programs.

"We definitely need a child care policy."
Yellowknife public meeting

Like other Canadians, the residents of the Northwest Territories are concerned about the lack of local, accessible, capable and affordable child care. This shortage is reflected in several ways.

We heard that student mothers or older children stay out of school in order to care for the young. In fact, staying home to provide such care was called one of the leading causes of absenteeism from educational programs. We also heard that the lack of child care affects attendance in the workplace as well, particularly among single mothers.

People support the creation of local child care facilities as one solution. Another proposal called for suitable space to be found inside the school and workplace to enable women to continue with their jobs or education.

Fort Norman Child Development Centre

• • • • • • • • • •

This community-based child care facility in Fort Norman provides half-day care and early intervention programming to children between the ages of three and four. Some of the areas that are covered include self-esteem building and learning problem solving skills. The centre began in 1980, in a house that was donated by the NWT Housing Corporation. In 1984, the local band donated material and labour to renovate a larger building for use by the centre.

The centre is funded in part by donations from community organizations and local residents. As well, the parents pay a small monthly fee and organize fundraising activities. The centre is an open and welcoming part of the community. Elders and parents are encouraged to visit and do so on a regular basis.

The centre owes much of its success to the hard work of Sister Celeste Goulet. Sister Goulet has been recognized for her efforts with a special child-care award presented by the NWT Council on the Status of Women.

"A very important aspect of recruiting foster parents is keeping them. Part of keeping them is keeping them well informed."

Fort Smith public meeting

5. Foster care must be monitored more closely

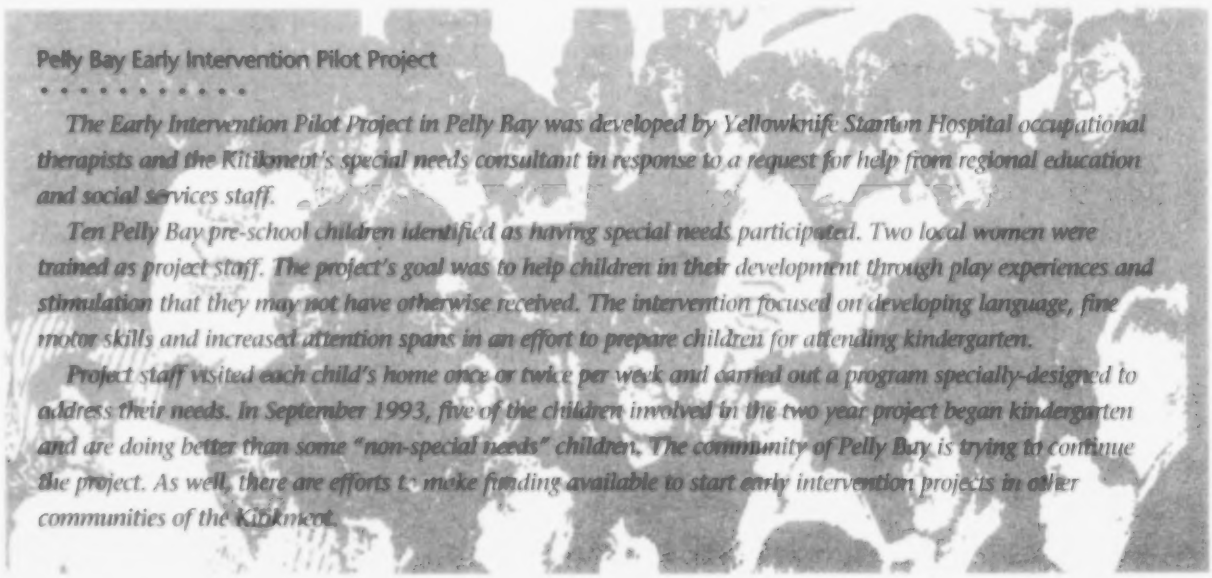
We heard a number of concerns about our system of foster care. We were told that there is already a lack of foster homes throughout the North. There is a particular shortage of Aboriginal foster homes. But people said that the criteria used in the selection of foster homes may be beyond the reach of many potential candidates.

We were told that foster parents are often provided with little or no information about the young people they take into their homes. People also mentioned the tension that accompanies the placement of a child into a foster home of a different culture.

Finally, we heard that there is very little follow-up monitoring, training or support provided foster parents once a child is placed in the home.

Recommendations we received during our review included greater initial screening of foster parents, the involvement of local committees in the selection process, providing more and better child-specific information and improved monitoring to ensure that the best interests of the children are being served.

We must note our disappointment over the government's delay in proceeding with the implementation of the recommendations of the Family Law Review. Action should have been taken long ago in such important issues as custom and private adoptions.



Pelly Bay Early Intervention Pilot Project

The Early Intervention Pilot Project in Pelly Bay was developed by Yellowknife Stanton Hospital occupational therapists and the Kitikmeot's special needs consultant in response to a request for help from regional education and social services staff.

Ten Pelly Bay pre-school children identified as having special needs participated. Two local women were trained as project staff. The project's goal was to help children in their development through play experiences and stimulation that they may not have otherwise received. The intervention focused on developing language, fine motor skills and increased attention spans in an effort to prepare children for attending kindergarten.

Project staff visited each child's home once or twice per week and carried out a program specially-designed to address their needs. In September 1993, five of the children involved in the two year project began kindergarten and are doing better than some "non-special needs" children. The community of Pelly Bay is trying to continue the project. As well, there are efforts to make funding available to start early intervention projects in other communities of the Kitikmeot.

- Earlier intervention is necessary for children with special needs

"Health and Social Service people should try to get together. If they were to work together, you would know more about these problems."
Resolute Bay public meeting

We were told about one complete gap in authority, in that no department has the responsibility for providing services to special needs children, especially preschoolers. In 1985, a report was prepared, suggesting clarification of departmental roles and financial obligations and recommending early intervention with children with special needs. This recommendation arose, in part, out of the evaluation of a successful early intervention pilot project conducted in Pond Inlet. Despite this project's success, the government took no action to allocate the responsibility and funds for such programs.

Six years later, a triministerial committee (Education, Health and Social Services) was formed to review this issue. The committee made further recommendations but still no action was taken. No one department had the legislative mandate for such services so no funds were allocated, despite the continued acceptance that early intervention was crucial to helping these children. The Pelly Bay Early Intervention Pilot Project (see page 38) happened because the regional Board of Education and regional Social Services staff saw the need and worked with Department program staff and Stanton Hospital professionals to scrounge the money and staff time to make it happen. They made it work, despite the continued government inaction, and some children benefited tremendously. Unfortunately, a planned formal evaluation of the project did not happen due to lack of funds.

Kamatsiaqtut Baffin Crisis Line

A crisis telephone line service staffed entirely by 35 to 40 volunteers has been operating in the Baffin since January, 1990. The 1-800 number is "open" seven days a week between 9:00 p.m. and midnight.

While these dedicated volunteers are not professional counsellors, they receive a 12 hour training course before they start taking telephone calls. The service is supported by a small grant from the GNWT plus donations from local service clubs and individuals.

The crisis line has proven to be a valuable community-based source of assistance. It is a model of how people are helping others to help themselves. The service receives hundreds of calls each year and has been praised by local residents. The staff has also helped a group in the Keewatin establish its own crisis telephone line by providing advice, training, instructors and volunteers.

"A very important aspect of recruiting foster parents is keeping them. Part of keeping them is keeping them well informed."

Fort Smith public meeting

We heard a number of concerns about our system of foster care. We were told that there is already a lack of foster homes throughout the North. There is a particular shortage of Aboriginal foster homes. But people said that the criteria used in the selection of foster homes may be beyond the reach of many potential candidates.

We were told that foster parents are often provided with little or no information about the young people they take into their homes. People also mentioned the tension that accompanies the placement of a child into a foster home of a different culture.

Finally, we heard that there is very little follow-up monitoring, training or support provided foster parents once a child is placed in the home.

Recommendations we received during our review included greater initial screening of foster parents, the involvement of local committees in the selection process, providing more and better child-specific information and improved monitoring to ensure that the best interests of the children are being served.

We must note our disappointment over the government's delay in proceeding with the implementation of the recommendations of the Family Law Review. Action should have been taken long ago in such important issues as custom and private adoptions.

Pelly Bay Early Intervention Pilot Project

The Early Intervention Pilot Project in Pelly Bay was developed by Yellowknife Stanton Hospital occupational therapists and the Kitikmeot's special needs consultant in response to a request for help from regional education and social services staff.

Ten Pelly Bay pre-school children identified as having special needs participated. Two local women were trained as project staff. The project's goal was to help children in their development through play experiences and stimulation that they may not have otherwise received. The intervention focused on developing language, fine motor skills and increased attention spans in an effort to prepare children for attending kindergarten.

Project staff visited each child's home once or twice per week and carried out a program specially-designed to address their needs. In September 1993, five of the children involved in the two year project began kindergarten and are doing better than some "non-special needs" children. The community of Pelly Bay is trying to continue the project. As well, there are efforts to make funding available to start early intervention projects in other communities of the Kitikmeot.

"Health and Social Service people should try to get together. If they were to work together, you would know more about these problems."
Resolute Bay public meeting

We were told about one complete gap in authority, in that no department has the responsibility for providing services to special needs children, especially preschoolers. In 1985, a report was prepared, suggesting clarification of departmental roles and financial obligations and recommending early intervention with children with special needs. This recommendation arose, in part, out of the evaluation of a successful early intervention pilot project conducted in Pond Inlet. Despite this project's success, the government took no action to allocate the responsibility and funds for such programs.

Six years later, a triministerial committee (Education, Health and Social Services) was formed to review this issue. The committee made further recommendations but still no action was taken. No one department had the legislative mandate for such services so no funds were allocated, despite the continued acceptance that early intervention was crucial to helping these children. The Pelly Bay Early Intervention Pilot Project (see page 48) happened because the regional Board of Education and regional Social Services staff saw the need and worked with Department program staff and Stanton Hospital professionals to scrounge the money and staff time to make it happen. They made it work, despite the continued government inaction, and some children benefited tremendously. Unfortunately, a planned formal evaluation of this project did not happen due to lack of funds.

Kamatsiaqtut Baffin Crisis Line

• • • • • • • • •

A crisis telephone line service staffed entirely by 35 to 40 volunteers has been operating in the Baffin since January, 1990. The 1-800 number is "open" seven days a week between 9:00 p.m. and midnight.

While these dedicated volunteers are not professional counsellors, they receive a 12 hour training course before they start taking telephone calls. The service is supported by a small grant from the GNWT plus donations from local service clubs and individuals.

The crisis line has proven to be a valuable community-based source of assistance. It is a model of how people are helping others to help themselves. The service receives hundreds of calls each year and has been praised by local residents. The staff has also helped a group in the Keewatin establish its own crisis telephone line by providing advice, training, instructors and volunteers.

We also heard of constraints within current Child Welfare legislation that can preclude or delay timely interventions with families where children are in need of protection. In light of these problems it is easy to understand why the Family Law Review determined that our child welfare legislation is out of date and needs to be replaced.

"(youth) have to recognize people care for them."

Taloyoak public meeting

A number of factors contribute to a lack of self-esteem on the part of children and young people. The belief that no one is listening to or acting on their concerns can reduce their sense of self-worth. This may lead them to conclude that they only receive attention when they get into trouble.

We heard that a lack of self-esteem may be reflected in less communication with parents, the acceptance of violence in our community, absenteeism from school, a lack of employment and a pessimistic view of the future.

We were told that these factors can lead our young people to attempt the most self-destructive act of all: suicide. This is a disturbing and tragic reality among this important segment of our population. We heard requests for help in recognizing and treating the symptoms of this behaviour. People called for training in early awareness and intervention methods, especially in those communities that may only receive a couple of visits each year from mental health specialists. We also heard requests for suicide prevention workshops and for follow-up support for those who have tried to take their own lives.

CHILDREN AND YOUTH

Young people should be given the opportunity to contribute their views within the community. They should have the chance to provide input to the process of developing policies and programs designed for them. These measures could help them to feel more involved, reflect their worth as individuals and help them to feel that they have a stake in the community. Our youth should also be provided with case studies of positive role models and local success stories as part of this process.

Government has a role to play if we are to more effectively integrate young people into the community. There must be far more cooperation and coordination between departments on matters that concern the health and quality of life of people aged 18 years and younger.

Shelter is one area in which more must be done. Local authorities should be encouraged and helped to provide temporary safe shelters or drop-in centres for young people. These shelters could offer companionship and a brief respite from a difficult home life.

Overcrowding in the home is another shelter-related issue that affects our youth. The scope of this problem needs to be determined and practical solutions need to be identified. At the same time, the government should more strongly oppose the government of Canada's decision to practically eliminate federal funding of public housing in the North.

Communication with our youth must become a greater priority. Information dealing with a range of issues that concern young people must be provided. Communications should also be used to encourage young people, and especially Aboriginal students, to pursue employment in the health and social service sectors. This would build upon other measures like the Health Careers material released by the Department of Health.

23

These and other communication activities must be relevant to the young people they are supposed to serve. Conventional printed materials are not as effective as they once might have been. More use of film, videos and other media should be considered. Workshops and other group activities should also be used. These may encourage participants to discuss their questions, share their concerns and exchange information on issues that concern them.

Recommendation

Ways must be found to communicate more effectively with young people to raise their awareness of health and social issues that affect them.

24

It is important that our youth be encouraged to pursue their education or careers. Their own future prospects and those of the Northwest Territories rest upon an educated and skilled population in the years ahead. Unfortunately, a number of young students and workers are having difficulty pursuing these activities because they must look after their babies or those of other family members.

This must be addressed so that student or single mothers and other family members can continue their education or jobs.

Measures to establish in-school and workplace child care services for young parents should be encouraged and supported.

Chief Jimmy Bruneau School Child Development Centre

In January 1993, a Child Development Centre opened at Chief Jimmy Bruneau High School in Edzo. The centre addresses the needs of teen mothers who are unable to continue their education because of a lack of child care in the community.

The centre provides an Early Education Program for children two and a half or older. The young mothers are encouraged to take parenting and lifeskills classes at the school.

The centre maintains three full-time and two part-time staff. Mothers are expected to assist by providing lunch and care for their children over the noon hour.

The centre has been a very positive addition to the community. It has received praise and support from the mothers as well as local residents. Enrollment increased from eight, when the centre opened, to 21 as of September 1993.

23

These and other communication activities must be relevant to the young people they are supposed to serve. Conventional printed materials are not as effective as they once might have been. More use of film, videos and other media should be considered. Workshops and other group activities should also be used. These may encourage participants to discuss their questions, share their concerns and exchange information on issues that concern them.

Recommendation

Ways must be found to communicate more effectively with young people to raise their awareness of health and social issues that affect them.

24

It is important that our youth be encouraged to pursue their education or careers. Their own future prospects and those of the Northwest Territories rest upon an educated and skilled population in the years ahead. Unfortunately, a number of young students and workers are having difficulty pursuing these activities because they must look after their babies or those of other family members.

This must be addressed so that student or single mothers and other family members can continue their education or jobs.

Recommendation

Measures to establish in-school and workplace child care services for young parents should be encouraged and supported.

Chief Jimmy Bruneau School Child Development Centre

In January 1993, a Child Development Centre opened at Chief Jimmy Bruneau High School in Edzo. The centre addresses the needs of teen mothers who are unable to continue their education because of a lack of child care in the community.

The centre provides an Early Education Program for children two and a half or older. The young mothers are encouraged to take parenting and lifeskills classes at the school.

The centre maintains three full-time and two part-time staff. Mothers are expected to assist by providing lunch and care for their children over the noon hour.

The centre has been a very positive addition to the community. It has received praise and support from the mothers as well as local residents. Enrollment increased from eight, when the centre opened, to 21 as of September 1993.

25

The Northwest Territories needs a permanent solution on the issue of child care. The current system suffers from too few spaces, no resources for capital improvements, insufficient operating grants, and too little staff training, among other problems.

We can no longer afford to carry on with interim policies. The stakes are too high. Public consultations should be held to determine needs and to identify the elements of a lasting solution.

Recommendation:

A permanent child care policy must be established.

26

We originally planned to prepare a legislative action paper on child welfare. However, the departments of Justice and Social Services assured us that this would be completed by the fall session, based on the recommendations of the Family Law Review. As a result, we chose not to pursue this issue ourselves. We remain disappointed at the apparent lack of progress in implementing the recommendations of the Family Law Review. The proposed reforms are too important to let slip away. We support the work done to date and we urge that it be continued on a priority basis.

Recommendation:

The recommendations of the Family Law Review must be implemented quickly. The new legislative framework should be presented to the Legislative Assembly by March 31, 1994.

27

Foster homes and parents should be selected on the basis of the quality of care likely to be provided the children. The rules governing the selection and monitoring of foster homes should be reviewed. The system should focus less on technicalities and more on finding a safe and responsible home environment for children in need. Greater attention should also be placed on the needs and concerns of foster parents. They should be provided with as much information as possible about the children placed in their care. There is an on-going need for support and training for foster parents.

Recommendation:

New and more practical criteria governing the selection, development, and monitoring of foster homes must be developed.

28

We often heard people talk about children as being our future here in the NWT. As we travelled, we saw that some of our children need help if they are to live up to their potential to contribute to this future. Regional and local staff who see children in need of early intervention to address their special needs need to know where to go for the expertise and funds to be able to help. For those who might be missed in an early intervention program, and to deal with problems which might occur later, Social Services should be encouraged to put staff in schools to work with teachers to assist young people at risk.

In a time of tight money, one obvious source of funds for such intervention is the federal Brighter Futures program. Prompt action to make these funds available to NWT communities is absolutely necessary.

Recommendation

Interdepartmental agreements must be put in place quickly to ensure that early intervention services are available right away. Due to the urgency of this matter, a report must be provided to the Legislative Assembly during the 1994 winter session.

PEOPLE WITH ADDICTIONS

Addiction is a major factor behind many health and social service problems in the Northwest Territories. Our ability to address these problems today will largely determine the demands that may be placed on our frontline workers tomorrow. We asked people for their views on the nature of the problem and the manner in which it should be addressed. Here is What We Heard:

Frontline workers we surveyed identified alcohol and drugs as the major issues facing their communities.

This self-destructive behaviour produces physical, psychological, social, economic and legal problems for people with addictions, their families and their communities. We heard of the terrific difficulties that people and officials face just trying to keep illegal alcohol and drugs from entering their areas.

The human and social cost of this problem is enormous. It seems to play a role in most of the cases handled through our community health centres. It is linked to many of the local offenses and criminal matters that come before the courts. We heard that there is a clear connection between addiction and domestic abuse, sexual assault and the spread of sexually transmitted diseases.

"Alcohol and drug abuse is one of the major or most important health problems facing the residents of the NWT."

Yellowknife public meeting

Hay River Dene Band Alcohol-Free Campaign

Long term commitment and hard work is paying off for the Hay River Dene Band. Over the past twenty years the Band has moved from an alcoholism rate of 95 percent to a sobriety rate of between 60 and 70 percent. This remarkable progress was made possible by a locally-based effort involving all segments of the community.

A number of measures have been used over the years to encourage alcohol-free lifestyles. Sober chiefs were elected. Alcohol awareness was incorporated into all aspects of community, economic and social development. Penalties were imposed on workers showing up for work intoxicated. High standards of conduct were established by the Band council. Parents with alcohol problems were made to answer for their children's poor performance in school and to realize the impact of this problem on young people.

Elders and children, in particular have been involved in and helped by this initiative. Traditional cultural values and activities are being taught as a means of helping local residents deal with alcohol. The success achieved here has encouraged other communities as they work to address this issue.

PEOPLE WITH ADDICTIONS

Addiction is a major factor behind many health and social service problems in the Northwest Territories. Our ability to address these problems today will largely determine the demands that may be placed on our frontline workers tomorrow. We asked people for their views on the nature of the problem and the manner in which it should be addressed. Here is What We Heard:

Frontline workers we surveyed identified alcohol and drugs as the major issues facing their communities.

This self-destructive behaviour produces physical, psychological, social, economic and legal problems for people with addictions, their families and their communities. We heard of the terrific difficulties that people and officials face just trying to keep illegal alcohol and drugs from entering their areas.

The human and social cost of this problem is enormous. It seems to play a role in most of the cases handled through our community health centres. It is linked to many of the local offenses and criminal matters that come before the courts. We heard that there is a clear connection between addiction and domestic abuse, sexual assault and the spread of sexually transmitted diseases.

"Alcohol and drug abuse is one of the major or most important health problems facing the residents of the NWT."

Yellowknife public meeting

Hay River Dene Band Alcohol-Free Campaign

Long term commitment and hard work is paying off for the Hay River Dene Band. Over the past twenty years the Band has moved from an alcoholism rate of 95 percent to a sobriety rate of between 60 and 70 percent. This remarkable progress was made possible by a locally-based effort involving all segments of the community.

A number of measures have been used over the years to encourage alcohol-free lifestyles. Sober chiefs were elected. Alcohol awareness was incorporated into all aspects of community, economic and social development. Penalties were imposed on workers showing up for work intoxicated. High standards of conduct were established by the Band council. Parents with alcohol problems were made to answer for their children's poor performance in school and to realize the impact of this problem on young people.

Elders and children in particular have been involved in and helped by this initiative. Traditional cultural values and activities are being taught as a means of helping local residents deal with alcohol. The success achieved here has encouraged other communities as they work to address this issue.

"If we are not willing to do something about the abuse, we are as much to blame for the problems."

Rankin Inlet public meeting

2. We need more effective treatment and support services

We heard requests for more and better means of providing care for people with addictions, their families and communities. There are a number of problems to be resolved before that can happen. Many people still do not have a complete understanding of the nature and dangers of substance abuse. There is a lack of cooperation between government officials. There is even confusion about which department or departments are responsible for addressing these issues. There is also a shortage of adequate community-based treatment and follow-up programs.

We heard that current treatment methods are not working. We were told that there are too few detoxification facilities in the NWT to properly accommodate the number of people waiting to take the 28 day rehabilitation treatment program. Additional arrangements must be explored if we are to cope with the volume of patients. One option may lie in those hospitals which are not operating at full capacity. A number of hospital beds are currently going unused. It was suggested that they could be used as part of our detoxification program, but this program is seen as largely ineffective if no other treatment or follow-up measures are provided.

People support a system of care that treats the whole family instead of people with addictions alone. Respected elders should be considered as counsellors to individuals and families. There are also requests for more effective public education activities.

3. Gambling has become recognized as an addiction

"Something needs to be done about the gambling."
Tuktoyaktuk public meeting

We heard that gambling has become more than just a popular fundraising and personal pastime; it has become an addiction in its own right. Bingo, played in halls or over the radio, is clearly a concern to the people of most communities. We were told of alcoholics who have switched their addiction to gambling.

A number of social problems have been linked to this increase in bingo and other gambling activities. These problems include neglect of children by their parents, people betting away social assistance payments, absenteeism from work and the total disruption of family life.

People proposed a number of solutions to address these and other gambling-related problems. These actions included restricting lottery licences and prize money and legislating the number of games allowed in a community during the year.

PEOPLE WITH ADDICTIONS

What We Recommend

Proper and effective treatment and follow-up programs should be provided people with addictions. These programs should encourage the involvement of the family as a whole and not just be limited to the affected individual.

Everyone has a role to play in these activities. The people of our communities need to unite and confront their problems together. We must support one another in our effort to promote sobriety, a drug-free society and a healthier lifestyle.

Part of the process of treating addiction is recognizing that there is a problem in the first place. Gambling should therefore be recognized and treated as an addiction every bit as serious as alcohol and drugs.

Government cannot hope to counter the problem of addiction on its own. A number of non-governmental organizations are important partners in this effort. These groups should be encouraged and supported in their activities.

Despite best efforts to control the flow of alcohol and drugs, a number of other substances are available to people with addictions. These include a range of solvents, gasoline and other products that can cause serious harm to individuals, their families and the community if misused. Unfortunately, these products are readily available.

Inuvik PRIDE Youth Group

The PRIDE Youth Group has been providing drug information programs for young people since February of 1992. These programs deal with a number of drug related issues such as how to deal with peer pressure, the planning of drug-free activities and promoting a healthy lifestyle.

A core group of about 20 students holds weekly meetings where they plan drug awareness programs, recreational activities, outreach measures and fundraising campaigns. Members also attend conferences like the PRIDE gathering held in Saskatoon during the summer of 1993. Nine representatives from Inuvik were able to take part thanks to the assistance of the local Lions Club.

The group is planning their own conferences in Inuvik to which students from across the western Arctic will be invited.

PRIDE has also trained other young people from other communities on how to develop drug information programs. At a conference in Inuvik, for example, 70 students from Fort McPherson, Tuktoyaktuk and Aklavik learned how to launch PRIDE measures of their own. This training included positive ways to say no to drugs, how to stand up for their beliefs and how to pass this information on to younger students.

PEOPLE WITH ADDICTIONS

Proper and effective treatment and follow-up programs should be provided people with addictions. These programs should encourage the involvement of the family as a whole and not just be limited to th affected individual.

Everyone has a role to play in these activities. The people of our communities need to unite and confront their problems together. We must support one another in our effort to promote sobriety, a drug-free society and a healthier lifestyle.

Part of the process of treating addiction is recognizing that there is a problem in the first place. Gambling should therefore be recognized and treated as an addiction every bit as serious as alcohol and drugs.

Government cannot hope to counter the problem of addiction on its own. A number of non-governmental organizations are important partners in this effort. These groups should be encouraged and supported in their activities.

Despite best efforts to control the flow of alcohol and drugs, a number of other substances are available to people with addictions. These include a range of solvents, gasoline and other products that can cause serious harm to individuals, their families and the community if misused. Unfortunately, these products are readily available.

Inuvik PRIDE Youth Group

The PRIDE Youth Group has been providing drug information programs for young people since February of 1992. These programs deal with a number of drug related issues such as how to deal with peer pressure, the planning of drug-free activities and promoting a healthy lifestyle.

A core group of about 20 students holds weekly meetings where they plan drug awareness programs, recreational activities, outreach measures and fundraising campaigns. Members also attend conferences like the PRIDE gathering held in Saskatoon during the summer of 1993. Nine representatives from Inuvik were able to take part thanks to the assistance of the local Lions Club.

The group is planning their own conferences in Inuvik to which students from across the western Arctic will be invited.

PRIDE has also trained other young people from other communities on how to develop drug information programs. At a conference in Inuvik, for example, 70 students from Fort McPherson, Tuktoyaktuk and Aklavik learned how to launch PRIDE measures of their own. This training included positive ways to say no to drugs, how to stand up for their beliefs and how to pass this information on to younger students.

29

Too many people remain unaware or unconvinced of the dangers of addiction. Conventional communications activities are not working. We must improve our public information activities if measures to fight this problem are to be successful.

Recommendation:

More effective public education programs must be developed which outline the dangers of addiction, including gambling and solvent abuse.

30

Communities wishing to rid themselves of alcohol and drugs face a number of problems. Smuggling and other illegal activities ensure that there is a supply for those willing to pay the price. Local officials and volunteers should be encouraged in their efforts to control these substances.

Recommendation:

Local measures to reduce the flow of alcohol and illegal drugs into our communities must be actively supported.

31

More effective treatment is required for people with addictions who have been convicted of criminal activity. Jails are clearly not addressing the problem. Incarceration is no substitute for rehabilitation. Community-oriented solutions should be encouraged. One such approach is the use of healing, bush and youth camps. A number of these projects are just getting started. They are helping people to take greater control over their lives by teaching them how to live on the land. These camps also involve respected elders and other local residents as counsellors.

Recommendation:

Land-based programs for the treatment of people with addictions, and as an alternative to imprisonment, must be established.

32

The government should carefully consider the social costs of gambling as it reviews the lottery systems that have been proposed in the north. The objective should be to reduce rather than to increase gambling opportunities. Current gaming laws and regulations should be reviewed to ensure that the social costs associated with gambling are minimized.

Recommendation:

Local initiatives to reduce the negative effects of gambling on the community must be supported.

SUMMARY OF SPECIFIC RECOMMENDATIONS

Amalgamation of the Departments of Health and Social Services should proceed immediately. The first step in this process should be the designation of one Minister responsible for both departments by March 31, 1994.

The level of cooperation and information sharing between all government departments involved in the delivery of health and social services must improve, and the government should report to the 1994 fall session of the Legislative Assembly on measures taken to achieve this.

Greater authority should be transferred to regional health boards as they are willing and able to assume those duties.

Local health and social service committees must be recognized as essential to the delivery of these programs. The development of local committees should be encouraged and progress should be reported to the Legislative Assembly during each budget session.

An effective cross-cultural training program must be established and made compulsory for all new frontline workers, and for those working in cross-cultural situations.

Traditional healing methods must be recognized, funded by government and incorporated into our system of health and social services.

Women should be able to make an informed choice about where they wish to deliver their babies. Legislation should be developed to recognize midwifery within the health care system.

A policy of "zero tolerance" toward violence must be adopted by the government, and widely publicized.

Housing and family violence programs must be reviewed to ensure that the offender, rather than the victim, suffers the consequences of domestic violence.

Every effort should be made to assist victims of domestic violence to rebuild their lives in their own communities.

Recommendation 11:

An independent review of the medical air transportation program is required immediately. The results should be presented to the 1994 fall session of the Legislative Assembly.

Recommendation 12:

Communities should be encouraged and assisted in developing their own medical ground transportation services.

Recommendation 13:

The Department of Health should encourage regional health boards to examine how health centre clinic schedules could better meet the needs of the community.

Recommendation 14:

Regulations must be changed to allow people on social assistance to receive a greater portion of money earned through economic activity.

Recommendation 15:

A money and budget management program should be developed and made available to long term social assistance recipients.

Recommendation 16:

Frontline health and social service workers should be provided with greater training opportunities, and the government should present a report on progress made in this area to the 1994 fall session of the Legislative Assembly.

Recommendation 17:

An employee assistance program should be developed, and made available to health and social service frontline workers.

Recommendation 18:

A government contact person on programs for elders should be designated and provided with a 1-800 telephone line so that elders have direct access to a source of information and help.

Recommendation 19:

A public education program should be launched to inform people that elder abuse is unacceptable, and to let abused elders know where they can find assistance.

Recommendation 20:

Respite care should be available for those who care for others in the home. A plan for such a program should be included in the government's 1995/96 budget.

Recommendation 21:

The adequacy of income support payments to elders should be reviewed and the government of Canada must be pressured to conduct a similar review of its own program payments.

Recommendation 22:

The fuel subsidy program should be reviewed and amended as required. The program objectives and purpose should be effectively communicated.

Recommendation 23:

Ways must be found to communicate more effectively with young people to raise their awareness of health and social issues that affect them.

Recommendation 24:

Measures to establish in-school and workplace child care services for young parents should be encouraged and supported.

Recommendation 25:

A permanent child care policy must be established.

Recommendation 26:

The recommendations of the Family Law Review must be implemented quickly. The new legislative framework should be presented to the Legislative Assembly by March 31, 1994.

Recommendation 27:

New and more practical criteria governing the selection, development, and monitoring of foster homes must be developed.

Recommendation 28:

Interdepartmental agreements must be put in place quickly to ensure that early intervention services are available right away. Due to the urgency of this matter, a report must be provided to the Legislative Assembly during the 1994 winter session.

Recommendation 29:

More effective public education programs must be developed which outline the dangers of addiction, including gambling and solvent abuse.

Recommendation 30:

Local measures to reduce the flow of alcohol and illegal drugs into our communities must be actively supported.

Recommendation 31:

Land-based programs for the treatment of people with addictions, and as an alternative to imprisonment, must be established.

Recommendation 32:

Local initiatives to reduce the negative effects of gambling on the community must be supported.

RECOMMENDATIONS ADOPTED FROM INTERIM REPORTS

Interim Report No. 2

1

Caregivers are all too often overwhelmed by the number or extent of the demands placed upon them, and eventually many suffer "burn-out". These caring people who work directly with those in pain or in need play the pivotal role in our efforts to help them. Recognizing that these caregivers need personal and professional support, a coalition of over twelve organizations has formed to do something about it. They have been planning a gathering of caregivers from across the NWT.

The Committee recommends that the Executive Council consider showing its support to the workshop and conference for caregivers (held April 1993) by providing adequate funding to permit the conference to proceed.

Interim Report No. 3

1

Concern has been expressed by frontline workers and residents about the amalgamation of the Departments of Health and Social Services. It is important that the government consult with and inform frontline workers and residents as to what progress is taking place in the amalgamation process.

The Special Committee recommends that the government start working together with Health and Social Services staff and clients to hear and make use of their respective ideas on any integration or amalgamation of the two departments.

2

In every centre that we have travelled to, we heard of the need for respite care. People need to have a break from caring for people that they are looking after. Some parents of mentally handicapped adults or children wanted to be able to turn over the caregiver job to a home-care worker or daycare. Others talked of wanting a group home or long term care facility for temporary or permanent placement of their family member with special needs.

The Committee recommends that the government review the proposed respite care policy developed by the NWT Council for Disabled Persons and move to implement it.

3

People need to be able to seek help for personal and family crises within their own community. Respected elders and other caring community members can play an effective role in helping people heal. Models that focus on use of local para-professionals, with support and training from skilled regional specialists have been used in the NWT to offer this support. To ensure success, adequate resources and training are needed.

The Committee urges the government to look into a pilot project involving provision of para-professional counselling at the community level. The project must include the provision of ongoing training and support to community caregivers to ensure maximum benefits. An evaluation component needs to be built in to ensure that assessments can be made as to the success of the initiative.

Interim Report No. 4

1

It is important to the people of the Deh Cho region that they have more direct influence on health service delivery. We heard that there is a lack of trust in the system and widespread concern that important decisions are being made without public involvement.

We recommend that a regional board of health be established in the Deh Cho region.

2

Many people were concerned over the numbers of children displaying the symptoms of Fetal Alcohol Syndrome or Effects. The recently completed Fort Simpson "Community Health Profile" estimates that as many as 25 percent of the children in the region are so affected. Because of the wide-ranging implications this has on many government services, it is important to verify this estimate clinically. The results of the study could help to ensure the accuracy of FAS/FAE statistics in future health profiles.

We recommend that the Department of Health undertake a clinical study to determine the number of children affected by Fetal Alcohol Effects and Fetal Alcohol Syndrome in the Deh Cho region.

3

Community people want training to work with other residents in clarifying local needs, determining priorities and developing plans to address these needs. Trainers could work on a rotating basis with three or four communities, spending a month in each community initially and then returning once a month for about a year or more to train and support local people. These local people, would, in turn, be working to train and support others.

We recommend that the government fund a pilot project to offer community leadership development assistance.

TERMS OF REFERENCE

The Special Committee on Health and Social Services shall:

a) inquire into such matters as may be referred to it by the Legislative Assembly;

b) inquire into current problems and public concerns about Health and Social Services in the NWT including, but not limited to, the following:
   - service and program delivery
   - administrative organization
   - departmental infrastructure
   - affirmative action policy implementation plan;

c) present interim reports to the Legislative Assembly from time to time and a final report by September 30, 1993.

The Special Committee may, on its own authority:

a) examine all matters that are under the authority of the Departments of Health and Social Services and all legislation, policies and philosophies of the Government of the Northwest Territories in the areas of Health and Social Services;

b) consult with members of the Territorial Government and its departments, public and interest groups in a manner approved by the Committee, including hearings, meetings, oral and written submissions and other appropriate means;

c) recommend changes in existing policy from time to time as deemed necessary.

COMMUNITY CONSULTATIONS

Broughton Island - May 6, 1993

Frontline Workers
- *David Kooneeliusie*
- *Koalie Kooneeliusie*
- *Jeannie Toomasie*
- *Yukipa Audlakiak*
- *Lootie Toomasie*
- *Theresa Joseph*

Women's Auxiliary

Inuksuit School Staff
- *Walter Paniowski*

Hamlet Council
- *Luasie Audlakiak*

Health Centre
- *Theresa Joseph*

Igloolik - June 8, 9, 1993

Igloolik Hamlet Council
- *Paul Hauli*

Alcohol and Drug Counsellor
- *Irene Qaunaq*

Settlement Administrative Officer
- *Marcel Mason*

RCMP, Igloolik
- *Dean Taylor*
- *Lou Phillips*

Mental Health Workshop

Housing Authority
- *E. Amagoalik*

Health Centre
- *Bob Van Of*

Iqaluit - May 3, 4, 5, 1993

Day Care Group
- *Karen Davidge*
- *Florence Dooling*
- *Dianne Cooke*
- *Lorraine Kirouac*

Arctic College Students
- *Louise Hauli*
- *Levedee Atagoyuk*
- *Steven Kaonco*

Qammavik Womens Shelter
- *Jacquie O'Toole*
- *Charlotte Ruttan*
- *Alice Keyotak*
- *Craig Clark*
- *Elisapee Nuturaluk*
- *Lizzie Nowdluk*

Home Care Program
- *Betty Creighton*
- *Sandry Lackey*
- *Liette Cere*

Social Services
- *Richard Clark*
- *Joanassie Salomonie*
- *Nurman Murray*
- *Geela Giroux*

RCMP
- *Doug Creighton*

Purlaavik
- *Jens Steenberg*
- *Isa Boaz*
- *Akeeshoo Nowdluk*

Upassuraakut (A&D)
- *Joe Kunuk*
- *Bill McConkey*

Issacie Group Home
- *Catherine Robertson*

Baffin Regional Health Board
- *Joyce Forman*
- *Dr. Neil Lamont*
- *Joanasie Ansgmiuq*
- *Anak Korgak*

Baffin Division Board of Education
- *Charlotte Borg*

Youth Suicide Workshop

Baffin Region Inuit Association

Parent Awareness Group

Lake Harbour - May 5, 6, 1993

Katanik Society (Alcohol and Drug Committee)
- *Tukealook Temela*
- *Joe Arlooktoo*
- *Beatrice Ikkidluak*
- *Lucy Mingeriak*
- *Malekto Lyto*

Social Services
- *Pitsiula Akavak*

Lake Harbour Health Centre
- *Rob Nevin*
- *Christine Nevin*
- *Leeve Temela*

Lake Harbour Housing Association
- *Sandy Akavak*
- *Jeannie Padluq*
- *A. Arlooktoo*
- *A. Judea*

Resolute Bay - June 9-11, 1993

Atikutaalik (Law Enforcement Consulting Group)
- *Saraomie Manik*
- *Solomon Kalluk*
- *Mr. Alakariallark*
- *Mr. Eckalook*
- *Mr. Idlout*
- *Mr. Manik*
- *Caroline Pudluk*

Grade 6 to 9 Students
- *Carolyn Thompson*

Workshop
- *Ralph Alexander*
- *George Eckalook*
- *Lisa Ningiuk*
- *Raygie Pijamini*

RCMP
- *Cst. Dan Gaudet*

Qarmartalik School Staff
- *Carolyn Tompson*
- *Pat Smith*
- *Maggie Stewart*
- *Mary Kalluk*

Alcohol and Drug Counsellor

Health Centre Staff
- *Mary Byrne*
- *Sarah Nungaq*
- *Kantissie Idlout*

Social Service Worker

COMMUNITY CONSULTATIONS

Fort Simpson - January 25, 1993
Group Meeting - Cultural Centre
Public Meeting
- *Stanley Sanguez*
- *Nolan Swarzentruber*
- *Rita Cazon*
- *Ernie Cazon*
- *Peter Shaw*
- *Joan Weaver*
- *Barb Ellis*
- *Alison Jumbo*
- *Christine Holman*
- *Bill Lafferty*
- *Betty and Percy Hardisty*
- *Rose Isaiah*
- *Maggie Dixon*

Fort Smith - May 31, June 1, 1993
River Ridge Facility
- *Gloria Villebrun*
- *Lisa Strikwerda*

Northern Lights Special Care Home
- *Ray Currie*

Fort Smith Society for the Disabled
- *Sister Agnes Sutherland*

Uncle Gabe's Friendship Centre
- *Roger Rawlyk*

School Counsellors
- *Bill Wade*
- *Ron Allen*

Administration, P.W.K. High School
- *Coralie Bryant*

Uncle Gabe's Drug & Alcohol Program
- *Joe Paulette*

Tawow Society
- *Helen MacDonald*
- *Stella Wasylyshyn*

Fort Smith Health Centre
- *Don Ellis*
- *Norm Hatlevik*

Department of Social Services
- *Lorraine Tordiff*
- *Delphine Cairnes*
- *Cathryn Craik*
- *Phyllis Mawdolq*
- *Theresa Evoy*

Arctic College - Thebacha Campus
- *Ron Holfer*
- *Lia Ruttan*

Trailcross Assessment and Treatment Centre
- *Michael Miltenberger*
- *Linda Desjarlais*

Kakisa - January 27, 1993
Public Meeting

Fort Providence - January 27, 1993
Public Meeting

Hay River - January 27-29, 1993
Youth Meeting (13+ Years)
Youth Meeting (13 years and under)
Elders
Hay River Treatment Centre
- *Mansell Grey*
- *Roy Fabian*

Home Care Services
- *Marnell Wyatt*

Adult Education Class
Women's Resource Centre
- *Sharon Caudron*
- *Sandy Jackson*
- *Leslie Seymore*
- *Audrey Berens*
- *Laurie Schumann*
- *JoAnne Connors*

Department of Social Services
- *Pat Cavanaugh*

Chief Sunrise Education Centre
- *Mattie McNeil*
- *Gladys Norwegian*

Lutsel K'e - June 2, 3, 4, 1993
Health Committee
- *Terri Enzoe*
- *Jacki Bye*
- *Angie Lantz*

School Principal
Keith Haskins and staff
Health Centre
- *Tex Bernabe*
- *Emmy Yam Kovy*
- *Maryrose Enzoe*

Wildlife Committee
- *Tom Lockhart*
- *Lawrence Catholique*

Band Council
- *Angie Lantz*
- *Terri Enzoe*
- *Lawrence Catholique*
- *Ernest Boucher*
- *Archie Catholique*
- *Joe Lockhart*

Workshop, Public Meeting
- *Angie Lantz*
- *Bernadette Unka*
- *Emily Saunders*
- *Tex Bernabe*
- *Mary Rose Cassaway*
- *Frances Mandeville*
- *Stan Johnson*
- *Hubert Gardipy*
- *Zepp Casaway*
- *Keith Haskins*

RCMP
- *Cpl. Hubert Gardipy*

Social Services and A&D Staff
- *Emily Saunders*
- *Archie Catholique*

COMMUNITY CONSULTATIONS

Rae-Edzo - May 24, 25, 1993

Public Meeting
Social Services, Rae Area Office
- *Murray Armstrong*
- *Nora Quitte*
- *Florence Zoe-Chocolate*
- *Cecilia Smith*

Arctic College Adult Learning Centre
- *Laurie Campbell*

Rae-Edzo Health Care Centre
- *Sister Montpetit*

Dogrib Divisional Board of Education
- *Gerrianne Donohue*

Young Dogrib Council
Elizabeth Mackenzie Elementary School
- *Gordon Breen*

Treaty 11 Council
- *Ted Blondin*

Rae Women's Group
- *Lena Drybones*
- *Addena Sumter-Freitag*

Rae Band Chief
- *Joe Rabesca*

Band/Hamlet Councils
- *Joe Rabesca*
- *Dan Marion*
- *Ted Blondin*
- *John B. Zoe*
- *Bertha Rabesca*

Community Mental Health Workshop
Chief Jimmy Bruneau School
- *Marcia Dean*
- *Joe Eyakfwo*
- *Shirley Drybones*
- *Sasha Sage*
- *Gilbert Quitte*
- *Dolphus Nitsiza*

J. Erasmus Seniors Home
- *Kevin Vest*

Deline - June 2, 3, 1993

Deline Health and Social Services Committee
- *Danny Bayha*
- *Timmy Tutcho*
- *Denise Bayha*
- *Chuck Bloomquist*
- *Gina Dolphus*
- *Betty Modeste*
- *Betty Tetso*
- *Agnes Yukon*

Public Meeting
Deline Workshop "Mental Health"
Ehtseo Ayah School
- *Steve Wilkins*
- *Cathy Shoal*
- *Judy Tutcho*

Deline Band & Hamlet Council
Deline Housing Authority
- *Barbara Ann Naedzo*
- *Dolphus Baton*
- *Rosie Servie*
- *Alfred Taniton*
- *Edith Mackenzie*
- *Andrew Kenny*
- *Raymond Tutcho*

Inuvik - April 26, 27, 1993

Health Board
- *Dale Hanson*
- *Dave McNaughton*
- *Wendy MacDonald*

Public Meeting
Holman Island and Paulatuk
- *Shirley Elias*
- *Elsie Nilgak*
- *Mary Ruben*

Foster Parents
Drug and Alcohol Abuse
- *Dale Sharkey*
- *Jerry Imhoff*
- *Billy Day*
- *Mona Wolki*
- *Lena Ruben*
- *Elsie Nilgak*
- *Mary E. Ruben*
- *Shirly Elias*
- *Mary Storr*
- *Violet Doolittle*
- *Rita Arey*
- *Cindy Stewart*
- *Jeanne P. Turo*
- *Beth Strohman*

Samuel Hearne Secondary School Staff and Students
- *Nora Dixon*
- *Dave Reid*
- *Chuck Lirette*
- *Dale Hanson*
- *George McGrath*
- *Lesley Allen*
- *Sally Harrison*
- *Tena Baryluk and baby Sally*

Beaufort/Delta Divisional Board of Education
- *Jackie Nagosak*
- *Pauline Gordon*

Arctic College Aurora Campus Students
Sir Alexander Mackenzie School
Social Services Staff
Delta House Meeting
- *John Anderson*
- *Jerry Em*
- *Dale Sharkey*

Inuvik Family Counselling
- *Jennifer Smith*
- *Marilyn Morrison*

COMMUNITY CONSULTATIONS

Fort McPherson - April 28, 29, 1993
Health Centre
Mary Teya
Public Meeting
Ellen Millman
Community Education Council
Taig Connell
William Koe
Chief Julius School Principal
Kathy McConnel
Hazel Nerysoo
Elders Meeting
Peel River Alcohol Society
Joanne Thompson
Women's Group
Liz Collins
James Andre
Arctic Red River Band Council
David Cook
Russell Andre
Morris Black
Nap Norbert
Hyacinthe Andre
Rose Clair
Eileen Cardinal
Olive Blake
James Cardinal

Tuktoyaktuk - April 28, 29, 1993
Tuktoyaktuk Elders
Frank Cockney
Health Centre Staff
Tuktoyaktuk Hamlet Council
Tim Atherton
Crisis Shelter
Mangilaluk Ilihavik School
Public Meeting

Rankin Inlet - November 10, 11, 1992
Regional Addictions Workshop
Youth Workshop
Elders Meeting
Public Meeting

Baker Lake - November 11, 12, 1992
Health Committee
Interagency Group
Health Centre Staff

Repulse Bay - November 12, 1992
Public Meeting

Cambridge Bay - April 19 -21, 1993
RCMP Detachment
Cpl. Jim Mitchell
Cst. James Stiles
Cambridge Bay Child Care Centre
Iona Maksagak
Janet McGeer
Public Meeting - Illihavik School
Dawn Wilson
Bob Aknavigak
Sexual Abuse Workshop
Joanne Apsimik
Regional Superintendent
Ida McWilliam (Aylik)
Cambridge Bay Elders
Kitikmeot Health Board Executive Committee
Pat Lyall
Bob Aknavigak
John Maksagak
Jean Morrison
Cambridge Bay Adult Education Class
Elizabeth Hadlari and students
Makitok Women's Group
Annie Kaosoni
Mary Rose Maksagak
Emily Angulalik
Crisis Shelter
Alice Isnor

Coppermine - June 7, 1993
Frontline Workers
Department of Social Services Staff
Susan Webster
Ida Ayalik
Ollie Hansen
Kugluktuk School
Edna Elias
Bessie Sitaktak
Lyn MacFarlane
Ann Klengenberg
Health Centre
Ramona Grolla
Rosie Sitaktak
Coppermine Alcohol And Drug Awareness Centre
Sheila Goodman
Sharon Elgok
Helen Evaglok

Taloyoak - April 22, 23, 1993
Taloyoak Health Centre Staff
Marianne Ewence
Susanne Yard
Roger Mannilaq
Annie Buchan
Netsilik School, Junior High School Students
Taloyoak Self Help Support Group
Elizabeth Lyall
Social Affairs Committee
Inuk Aiyout
Peeteekootee Tucktoo
P. Totalik
Mary Karoo
Steve Akak
David Tuktoo
Family Violence Workshop
Anaoyok Alookee
Benedicta Kayaitok
Gyta Inukgaq
Moosee Jayko
Mary Kamookak
Taloyoak Alcohol & Drug Committee
Taloyoak Health Committee
John Mannilaq
Sylvia Lyall-Ritchie
David Totalik
Debbie Mannilaq
Pauloosie Ittigaktaataq
Public Meeting

COMMUNITY CONSULTATIONS

Yellowknife - May 25, 1993

Northern Addiction Services
- *Robin Dupuis*
- *Nicole MacIntosh*

Yellowknife Correctional Centre
- *Bob Mack*
- *Randy Poltaruk*
- *Joe Melanson*

NWT Medical Association
- *Dr. Perry Caplan*
- *Dr. Sanjeev Bhatla*
- *Dr. Sylvain Chouinard*
- *Dr. John Morse*

School Counsellors

YWCA of Yellowknife
- *Sharon Sawchuk*
- *Zoe Raemer*

Department of Education
- *Hon. Richard Nerysoo*
- *Hal Gerein*
- *Barb Hall*
- *Joan Heyland*

Canadian National Institute for the Blind
- *Leslie Bromley*

St. John Ambulance/Air Medivac Team

Salvation Army Soup Line Lunch

Yellowknives Dene Band
- *Chief Jonas Sangris*
- *Muriel Betsina*

Association for Community Living

Youth on the Move

Yellowknife - May 27, 1993

Social Services Frontline Workers

Mackenzie Regional Health Services
- *Tom Menzies*
- *Richard Nuttall*
- *Pat Cassidy*
- *Frank Hamilton*
- *Louise Fillatre*
- *Jill Christensen*
- *Enid O'Hara*

Family Law Review Implementation

YK Women's Centre

Mildred Hall Elementary School/ William MacDonald Junior High School

Learning Centre
- *Beulah Phillpot*

Public Meeting

Yellowknife Housing Authority
- *Jim White*

Tree of Peace Friendship Centre

Canadian Mental Health Association
- *Randy Poltaruk*
- *Barbara Hood-Hall*

St. Patrick's High School Students

Yellowknife Fire Department
- *Mick Beauchamp*

Yellowknife - May 28, 1993
- *Jo MacQuarrie*

Mental Health Therapists

Storefront for Voluntary Agencies
- *Anne McTiernan*
- *Evelyn Nind*

Quest
- *Suzanne Marsollier*
- *Nancy Harrison*

Akaitcho Hall

Native Women's Association
- *Bertha Allen*
- *Riki Sato*

NWT Council for Disabled Persons
- *Sandy Christophers*

Baha'i Faith
- *Doris Toeg*
- *Janet Grinsted*

Yellowknife Association of Concerned Citizens for Seniors
- *Cathy Praamsma*

Stanton YK Hospital Management Board

Yellowknife - June 7, 8, 1993

Stanton YK Hospital Social Worker
- *Bernice McKinley*

Youth Suicide Prevention Workshop

Alcohol, Drug and Community Mental Health
- *Angus McKay*
- *Bruce Smith*
- *John Campbell*
- *Colin Casey*

Dene Nation
- *Bill Erasmus*

Family and Children's Services
- *Cheryl Walker*
- *Mary Beauchamp*

Social Services - Aged and Disabled
- *Shirley Heslip*

Public Health Nurses
- *Jan Stirling*
- *Kate Hamilton*

Yellowknife Catholic School Board
- *Loretta Foley*
- *Janet Divekey*
- *Liz Baile*

Executive Committee - Social Services
- *Andrew Langford*
- *Blair Dunbar*
- *Bronwyn Watters*

Legal and Court Services
- *Sue Cooper*
- *Bob Halifax*
- *Bud Harvey*
- *Violet Erasmus*

NWT Justice Specialists
- *Al Patenaude*
- *Colin Bonnycastle*
- *Violet Erasmus*
- *Nick Sibbeston*

PUBLIC MEETINGS

Baker Lake - November 12, 1992
Martha Gregg
Joe Mautari'naaq
Verna Pudnak
Martha Tikiq
Irene Tiktaalaaq
John Killulaik
Margaret Narkjaanik
John Narkjaanik
Louisa Kalluraq
Joan Scottie
Ruth Tulurialik
James Ukpatgaq
Becky Kudloo
Winnie Owingayak
Betty Peryouar
Moses Akilak
Michael Mantarinaaq
Barnabas Peryoeuat
Janet Ikuutaq

Broughton Island - May 6, 1993
Nancy Anilniliak
Luasie Audlakiak
Koalie Kooneeliusie
Gamaille Nookiguak
Lootie Tommasie
Iola Metuq
Jaloo Kooneeliosie
Leah Akpaliqluk
Leah Kooneeliusie
Ragelee Angnako
Peepeelee Nutaralak
Mary Killiktee
Sarah Qaqqaq
Aamie Nookiquak

Cambridge Bay - April 19, 1993
Mayor Ohokanoak
Harry Maksagak
Wilf Wilcox
Rhoda Maghagak
Alice Isnor
Andy Palongayak
Bill Adamache
Bernice Lyall
Joe Otokiak
David Kaniak
Paul Emingak
Iona Maksagak

Deline - June 2, 1993
Michael Neyelle
Ruby McDonald
Gina Dolphus
Alfred Taniton
Paul Baton
Raymond Taniton
John Tetso
George Cleary
Danny Gaudet
Charlie Tobac
Helen Squirrel
Fred Doctor
Lucy Jackson
Rita Kochon

Fort McPherson - April 28, 1993
Wilbert Firth
Joe Charlie
Ellen Millman
John Itsi
James Ross
Ellen Koe
William Koe
Wanda Vaneltsi
Mary Teya

Fort Providence - January 27, 1993
Sam Gargan
Jim Thom
Anne Bouvier
Eleanor Snyder
Margaret Thom
James Christie
Doug Bryshun

Fort Simpson - January 26, 1993
Jim Antoine
Stanley Sanguez
Nolan Swartzentruber
Rita Cazon
Ernest Cazon
Peter Shaw
Kathy O'Hare
Joan Weaver
Barb Ellis
Allison Jumbo
Christine Holman
Bill Lafferty
Percy Hardisty
Betty Hardisty

Fort Smith - June 1, 1993
Ron Folberg
Maureen Laviolette
Gerry Paulette
Francois Paulette
Dennis Bevington
Jason Lepine
Frank Laviolette
Dorothy Laviolette
Don Jacque

Hay River - January 28, 1993
Sam Gargan
Roy Fabian
Rocky Simpson
Sherry Burnstad
Ben Kutz
Duncan McNeill
Dave Gray
Chris Robinson
Florence Archibald
Wayne Keefe

Igloolik - June 9, 1993
Eugene Amagoalik
Annie Kappianaq
Josephine Kublu
Mark Evaluarjuk

Inuvik - April 26, 1993
PRIDE Youth Group
Fred Koe
Tom Zubko
James Firth
Billy Day
Mary McInnes
Lloyd Binder
Bertha Allen
Violet Doolittle
Patti Lowe
Annette Hastie

Iqaluit - May 4, 1993

Dennis Patterson
Bill McConkey
Errol Fletcher
Peter West
Don Couch
Joanne Adair
Lynn Hirshman
Craig Clark
Susan Spring
Linda McDonald
Charlotte Borg
Alice Joamie
Linda Crawford
Bryan Pearson

Lake Harbour - May 5, 1993

Kenaoyoak Pudlat
Kowisa Arlooktoo
Takealook Temela
Jeannie Padluq
Goteleak Judea
Joe Arlooktoo
Eyevadiou Josephie
Inusiq Akavak
Malikto Lyta
Akeego Killiktee
Pitsiulak Akavak
Sandy Akavak
Itee Temela
George Pitsiulak
Marisah Koloda
Naomi Akavak
Saudio Josephie
Moosa Akavak
Jamesie Kootoo
Namonal Ikkidluak
Akulujuk Arlooktoo
Akulujuk Judea

Rae - May 24, 1993

Henry Zoe
Bertha Rabesca
John Simpson
George Blondin
John B. Michelle
Marcel Zoe
Johnny Dryneck
Nick Black
Alexis Arrowmaker
Christopher Zoe
Alphonse Quitay
Lucy Lafferty

Rankin Inlet - November 10, 1992

John Todd
Paul Kaludjak
Marie Ernerk
Joan Kalasuk
Mary Rose Angusadluq
Rhoda Karetak
Sandy Kusugak
Rosemary Brown
Johnny Karetak
Sally Kusugak
Allison Barr
Ann Shaefer
Helene St. Amont
Adele Dyall
Paul Williams
Mary Ercherk
Emilene Kowmuk

Repulse Bay - November 12, 1992

Donat Milortuk
Harry Oksokitok
Andreasi Siutinuar
Aalu Sivanertok
Jean Mapsalak
Mariano Aupilardjuk
Tony Siatsiak
Felix Kopak
Alexina Nanordluk
Honore Aglukkaq
Andreasie Isilitinuar
Theresa Tigumiar
Jean Mapsalak
Sara Kidlapik
Victor Tongilik
Annie Siutinuar
John Ivalutanar
Elizabeth Aglukark-Ittinuar
Uluuta Ivalutanar
Helena Malliki
Seemee Malliki
Bernadette Utak

Resolute Bay - June 10, 1993

Ludy Pudluk
Lisa Ningiuk
Simeonie Amagoalik
Allie Salluviniq
David Kalluk
Minnie Allakariallak
Susan Salluviniq
Elizabeth Allakariallak
George Eckalook

Taloyoak - April 23, 1993

James Etulu
Charlie Lyall
Sarah Takolik
Adamie Tutalik
John Manilaq
Steve Aqaq
Steve Alookie
Elisapee Nashuoviatuk
Tony Ittunga
Joseph Qingatuq
Amalu Utak
Violet Charlie
Sammy Nasaoyaitok
Mary Qamulaq
Isaac Panagayak
Eunice Panagayak
David Iqutsak
Eliktak Ikadliyuk
Alice Aleekee
Debbie Mannilaq

Tuktoyaktuk - April 29, 1993

Marjorie Ovayuak
Nellie Pokiak
Millie Elias
Jean Gruben
Lucy Dillon

Yellowknife - May 27, 1993

Tony Whitford
Adrian Wright
Lynn Brooks
Joanne Lowell
Arlene Hache
Elaine Buss
Mary Dennis
Terry Keefe
Robin Dupuis
Nancy Harrison
Helene Laroque
Judy Watt
Phillip Nungak
Audrey Zoe